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Brief to the Special Joint Committee on Medical Assistance in Dying (MAID): Preliminary Results of OPA National Survey on Psychiatrists' and Psychiatry Residents' Perspectives on MAID for Mental Disorders as a Sole Underlying Medical Condition (MD-SUMC)

Ontario Psychiatric Association, January 29, 2024

To the chairs of the Special Joint Committee on MAID,

The Ontario Psychiatric Association (OPA) undertook a national survey to collect data on the perspectives of Canadian psychiatrists and psychiatry residents on Medical Assistance in Dying (MAID) where a Mental Disorder is the sole Underlying Medical Condition under the current Canadian Federal Legislative Framework and the Health Canada Model Practice Standards for MAID. This is the first national survey of Canadian psychiatrists and psychiatry residents that has been conducted since the passage of Bill C-7 and the development of the Health Canada Model Practice Standards (HCMPS). We hope that the results of this survey will help to inform the government's study of this issue, ahead of the previously anticipated date for expanding MAID for MD-SUMC in March 2024. The results highlight concerns of the psychiatric profession in view of discussions around expansion, and provides information on areas that remain unaddressed in public policy/legislation.

This research study was conducted through the Ottawa Hospital Research Institute with Dr. Sephora Tang as the principal investigator and received research ethics board approval. An anonymous electronic survey was distributed to Canadian psychiatrists and psychiatry residents through provincial psychiatric associations; provincial medical associations; university Chairs of departments of psychiatry; the Association of General Hospitals Psychiatric Services and related hospital department heads; and psychiatry residency programs across Canada. We received **497** responses, with the majority of respondents from Ontario (n=325) and Quebec (n=101). With an estimate of **4770** psychiatrists and **900** psychiatry residents in Canada, the calculated **margin of error** (at a 95% confidence level) is **4%.**

Summary of key results: 61% of participants disagreed that MAID should be permitted for MD-SUMC, while 80% of participants disagreed that the Canadian medical system is prepared to safely support the expansion of MAID for MD-SUMC by March 17, 2024. The findings of our survey highlight clear discrepancies between the perspectives of psychiatrists/psychiatry residents in Canada, and expectations found in federal MAID legislation and the Health Canada Model Practice Standards for MAID. The survey results highlight concerns regarding the safety and readiness of Canada to expand MAID for MD-SUMC.

Conclusion: The majority of psychiatrists surveyed indicated that the health system is not ready to expand MAID for MD-SUMC. This survey supports the need for a delay in expanding MAID for MD-SUMC until identified concerns have been adequately addressed and resolved.

Appendix A provides the preliminary quantitative results in graph form with representative quotes.
Appendix B provides the actual survey questions.

In summary, the key quantitative results of our survey provided information on the following issues:

1) **General level of support for MAID for MD-SUMC:**

   a) The majority **(61%)** of respondents **disagreed** that MAID should be permitted for patients whose sole underlying medical condition is a mental disorder. [Question 1].

2) **Overall opinion on current legislative framework/recommendations, and level of willingness to participate in the MAID process:**

   a) **The majority (80%) disagreed that the Canadian medical system is prepared to safely support the expansion of MAID for MD-SUMC by March 17, 2024.** [Question 18].
   b) The majority **(66%)** of respondents **disagreed** that Federal legislation provides sufficient **safeguards** in permitting MAID for MD-SUMC beginning in March 2024. [Question 2].
   c) The majority **(57%) disagreed** that **90 days** is sufficient as a minimum time for assessment of Track 2 cases. [Question 8].
   d) The majority **(77%) disagreed** that current legislation provides sufficient guidance to the profession to implement MAID for MD-SUMC. [Question 16].
   e) A small minority **(8%)** of participants would be **willing to assess for and provide** MAID for MD-SUMC, while **47%** indicated they **would not** be willing to assess for nor provide MAID for MD-SUMC. [Question 19].

3) **Required expertise of MAID assessors and providers:**

   a) The majority **(81%)** of respondents **agreed** that MAID assessors for patients with MD-SUMC **should be specialists in psychiatry with a Royal College specialist designation in psychiatry or equivalent.** [Question 3]. *(Specialist designation in psychiatry is currently not a requirement in legislation, nor a recommendation in the Health Canada Model Practice Standards (HCMPS).*
   b) The majority **(86%) agreed** that a psychiatrist should be consulted for every request for MAID for MD-SUMC. [Question 4]. *(This is not currently required by legislation nor by the HCMPS*.)
   c) The majority **(76%) agreed** that more than one psychiatric opinion is required for MAID for MD-SUMC. [Question 5]. *(This is not currently a requirement in the legislation nor the HCMPS.)*

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d) The majority **(82%) disagreed** that case review with the referring MAID assessor is sufficient as a consultation. [Question 6]. *(Consultation via case review appears to be permissible under current legislation and the HCMPS).*

4) Eligibility criteria of MAID for MD-SUMC:

a) The majority **(64%) disagreed** that the legislative requirements and the methods described in the HCMPS to determine **irremediability** are sufficient to adequately guide individual assessors on determinations of irremediability of mental disorders. [Question 7].
b) The majority (**69%** vs 17%) **disagreed** that a person whose underlying mental disorder has led to circumstances that are indirect contributors to their 'intolerable suffering' would meet criteria for MAID eligibility. [Question 14.] *(Neither the legislation nor the HCMPS provide clear direction in this regard, but rather seem to allude that these cases would meet the criteria for intolerable suffering.)*

5) Determination of "serious consideration" of available alternatives to MAID:

a) The majority **(71%) disagreed** that a patient would be found eligible for MAID if potentially effective treatments are declined by the patient. [Question 9]. *(Legislation does not prohibit such patients from becoming eligible for MAID.)*
b) The majority **(80%) disagreed** that a patient would be found eligible for MAID if the patient is unable to access standard treatment. [Question 10]. *(Legislation would not prohibit such patients from being found eligible for MAID.)*

6) The definition and approach to conscientious objection versus medical professional judgement:

a) The majority (**52%** vs 34%) **disagreed** it should be mandatory to make an **effective referral** for MAID if the patient meets eligibility criteria for MAID, but the assessor advises against MAID for ethical reasons (for example, they do not believe MAID should be provided in response to lack of access to social determinants of health). [Question 11].
b) The majority (**66%** vs 17%) **agreed** that physicians should maintain their ability to determine whether referrals for MAID are, or are not, clinically appropriate. [Question 12]. *(This contrasts with the HCMPS recommendations that healthcare practitioners "must" complete an effective referral in cases of conscientious objection; and the HCMPS does not provide guidance where objections to MAID stem from a physician's professional clinical judgement.)*

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7) **Obligations to inform patients, unsolicited, of the availability of MAID should it be felt to be consistent with a patient's values:**

a) The majority (**69%** vs 17%) **disagreed** that healthcare professionals should **initiate**, **unsolicited**, the discussion with patients of their potential eligibility for MAID if it was determined to be 'consistent with the person's values and goals of care'. [Question 13]. (*This is in contrast to recommendations in the HCMPS).*

8) **The application of MAID legislation in situations where social determinants of health in disadvantaged populations may be the underlying driver in requests for MAID:**

a) The majority **(74%) disagreed** that current legislation adequately protects the **safety** of patients with mental disorders who seek MAID but whose request is primarily driven by the context of **social determinants of health**. [Question 15]. **78%** also **disagreed** that current legislation provides sufficient **safeguards** to protect vulnerable and marginalized patients with MD-SUMC from inappropriate applications of MAID. [Question 17].

Please do not hesitate to contact us should you have further questions on this study.

Sincerely,

Sephora Tang, MD, FRCPC
Psychiatrist, Principal Investigator
Ontario Psychiatric Association, Council Member, MAID Task Force Lead
stang@toh.ca

Angela Ho, MD, FRCPC
Psychiatrist
Ontario Psychiatric Association, President

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Appendix A
Survey Quantitative Results

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OPA National Survey of Psychiatrists' and Psychiatry Residents' Perspectives on MAID for Mental Disorders

Preliminary Results Prepared for the Joint Parliamentary and Senate MAID Committee

Analysis based on data collected from:

December 7, 2023-January 23, 2024

Study Title: Survey of Psychiatrists and Psychiatry Residents' perspectives on Medical Assistance in Dying (MAID) where a Mental Disorder is the Sole Underlying Medical Condition under the current Canadian Federal Legislative Framework and the Health Canada Model Practice Standards for MAID

- **Principal Investigator:** Dr. Sephora Tang
- **Institutions:** The Ottawa Hospital and Ottawa Hospital Research Institute
- **Contact Email**: stang@toh.ca

- **Study Approved by Research Ethics Board**
- **OHSN-REB Number:** 20230674-01H

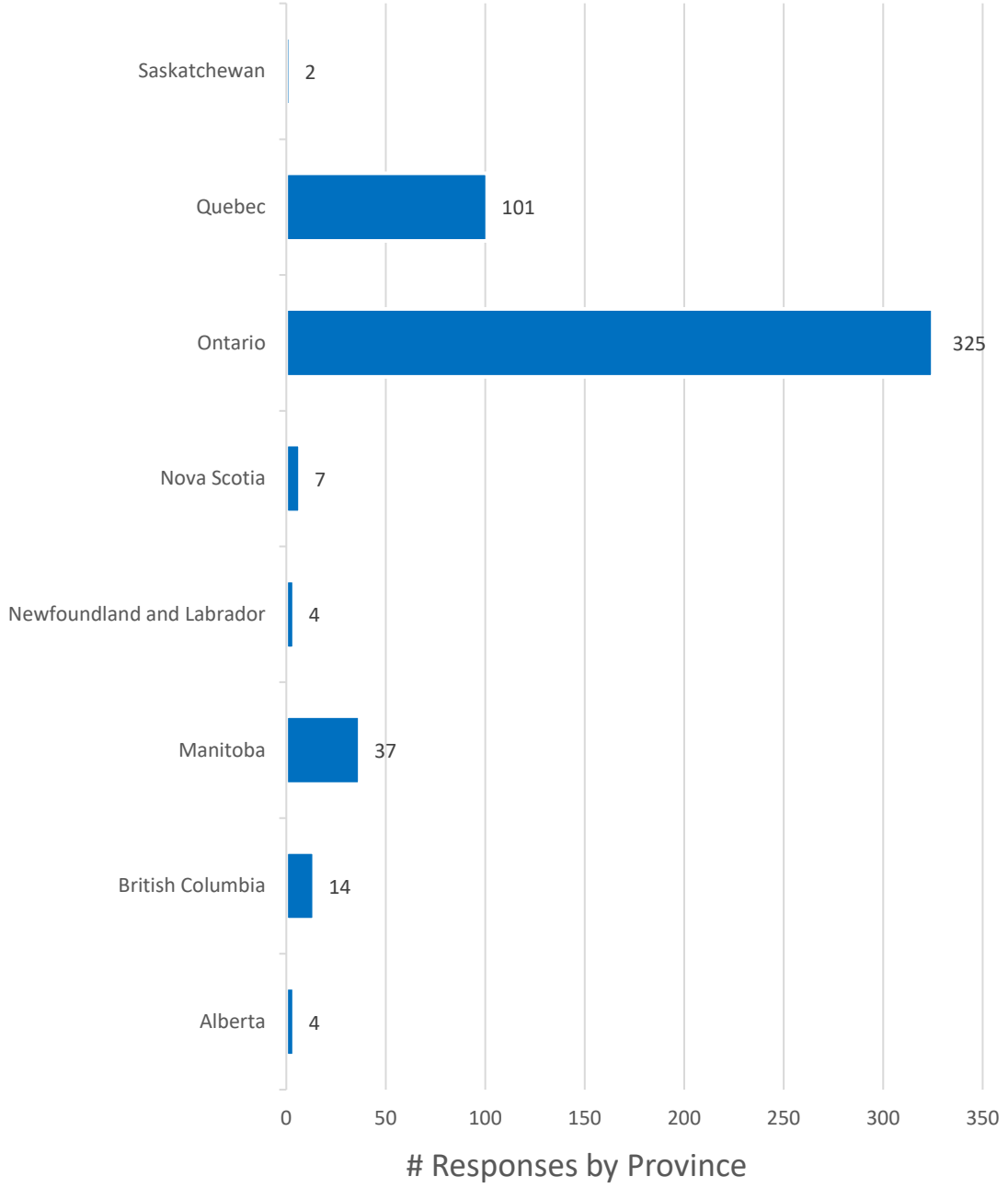
Purpose:

- This study examined the views of psychiatrists and psychiatry residents on Medical Assistance of Dying (MAID) for mental disorders as the sole underlying medical condition (MAID for MD-SUMC) that is informed by the current Federal Legislative framework and the 2023 Health Canada Model Practice Standards.

Participant Recruitment:

- An anonymous electronic survey was distributed to Canadian psychiatrists and psychiatry residents through provincial psychiatric associations; provincial medical associations; university Chairs of departments of psychiatry; the Association of General Hospitals Psychiatric Services and related hospital department heads; and psychiatry residency programs across Canada.

Number of Responses by Province



- Total number of respondents : **497**
- Total number of psychiatrists in Canada and residents: 4770 + 900 = **5670**
  - Source: https://www.cpa-apc.org/about-cpa/who-we-are/
- **Margin of error** (at 95% confidence level) **= 4%**

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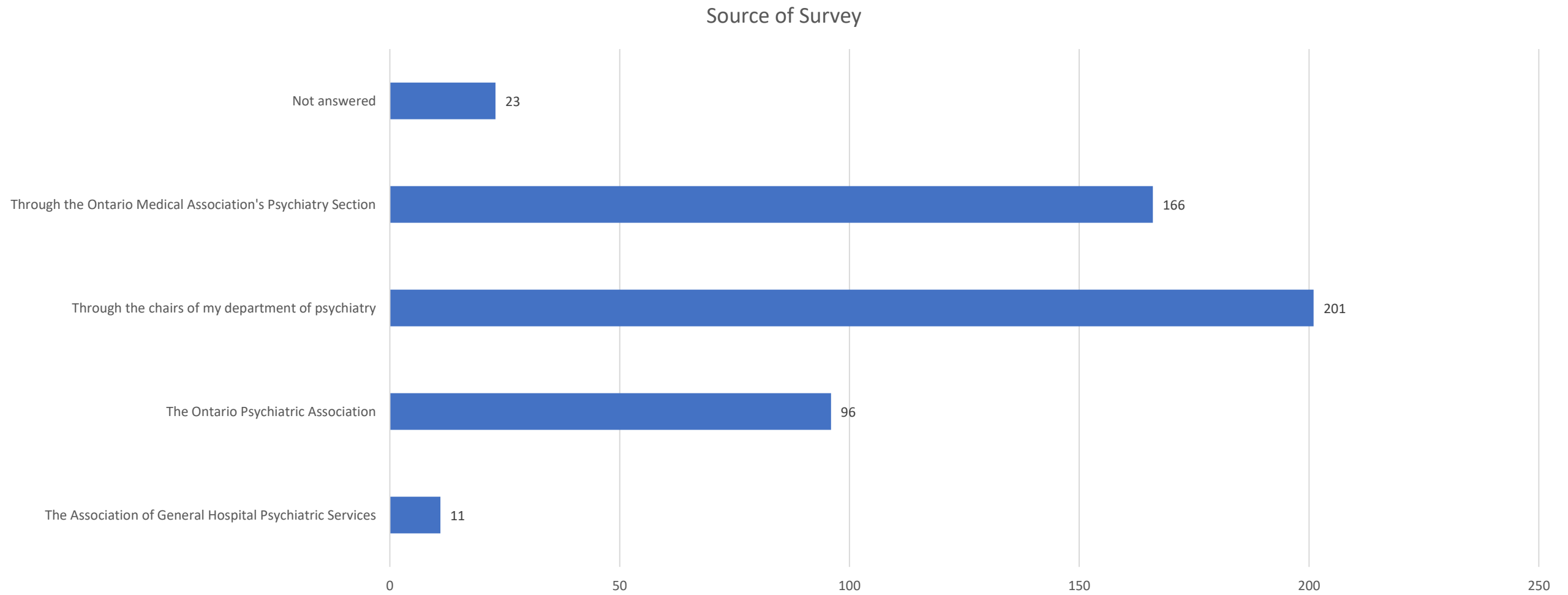
Source from where participants received survey



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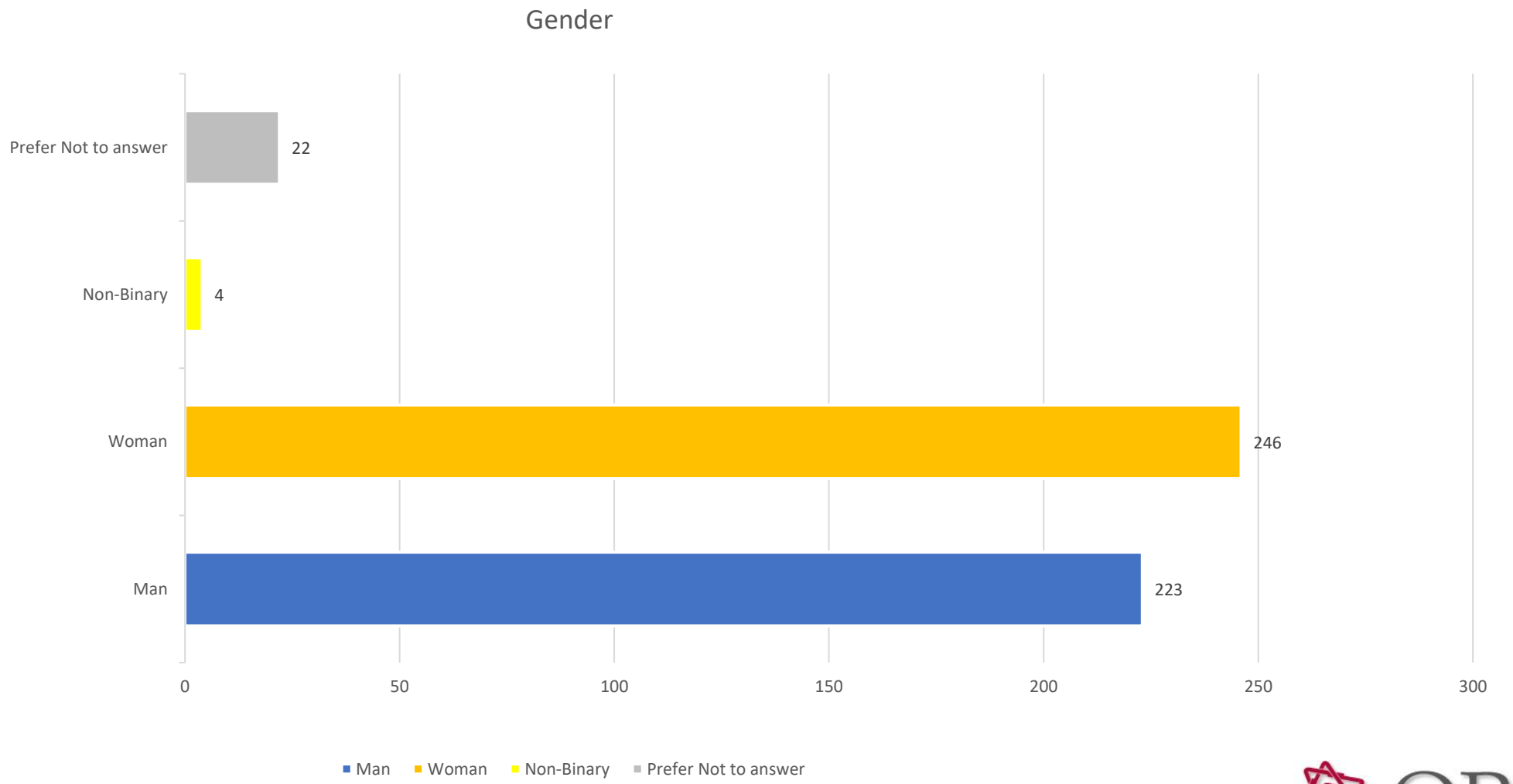
Gender Distribution



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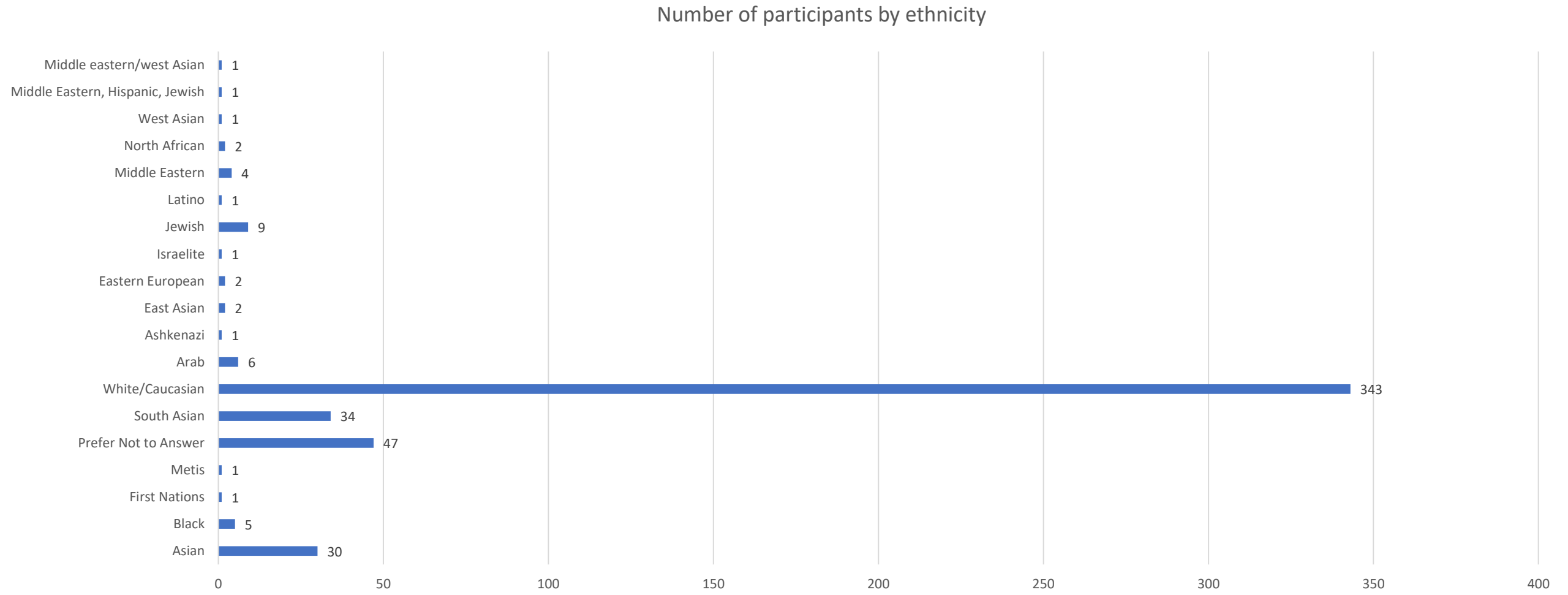
Ethnicity of Survey Participants



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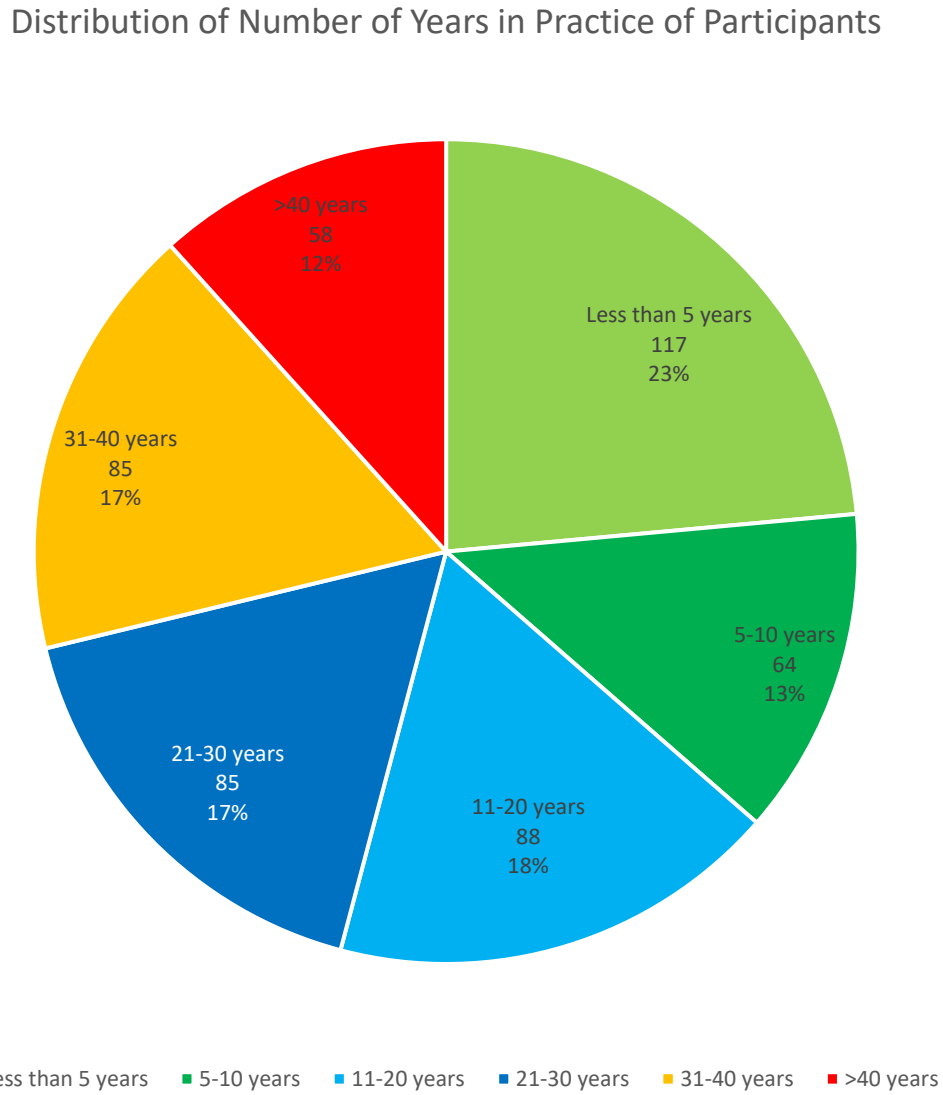
Number of Years in Practice



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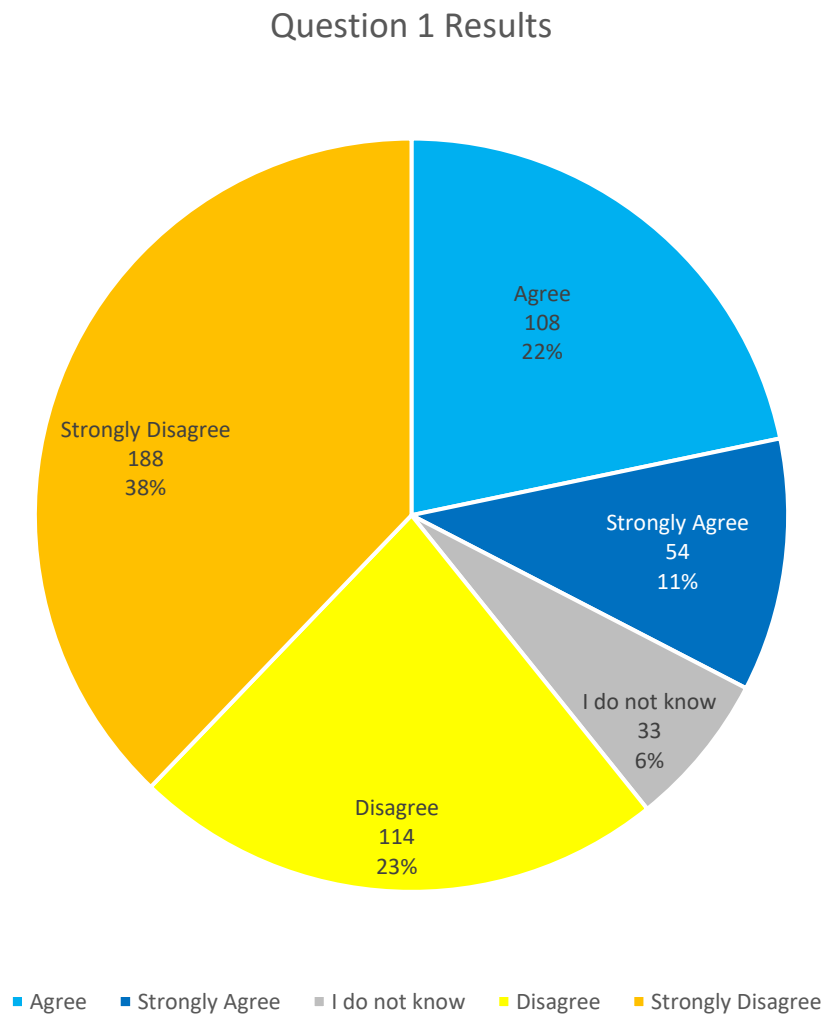
Question 1:
Do you agree or disagree that MAID should be permitted for patients whose sole underlying medical condition is a mental disorder?



Total Agree = 33%

Total Disagree = 61%

Representative quote from participant who disagrees:

- *"There is too much overlap with the symptoms of mental disorders, too much ambiguity about whether adequate treatment has been offered, and a general problem of lack of access to services (including psychotherapy and family therapy) across the country. There is a real risk that social structural problems in our society will be translated into people choosing MAID under duress. The provision of this as a medical 'service' will also corrode the ethical and public standing of the medical profession."*

Representative quotes from participants who agree:

- *"From a philosophical perspective I agree that excluding people with mental illness is discriminatory. However, even with physical disorders I am personally aware of cases in which practice has been questionable - no clear diagnosis, not respecting what appeared to be a doubt expressed by an individual at the last minute. I do not have confidence that current safeguards will work."*

- *"I think there are many nuances with mental disorders compared to physical illnesses, and there should be significantly more safeguards, and stricter criteria when it comes to MAiD eligibility for psychiatric conditions as the sole underlying disorder. For instance, current legislation states a patient is able to decline any treatment recommendations but still be deemed eligible for MAiD for physical conditions. If this were to apply to psych disorders, that would be terrifying as psychotropics take time, requires multiple trials, considerations of ECT, rTMS etc. This is one of many criteria that should be stricter for mental disorders before MAID should be considered. Now I do think MAID should be an *option* but the absolute last resort option for mental disorders, which is why I say agree. Any less stringent the criteria, I would disagree with allowing this policy."*

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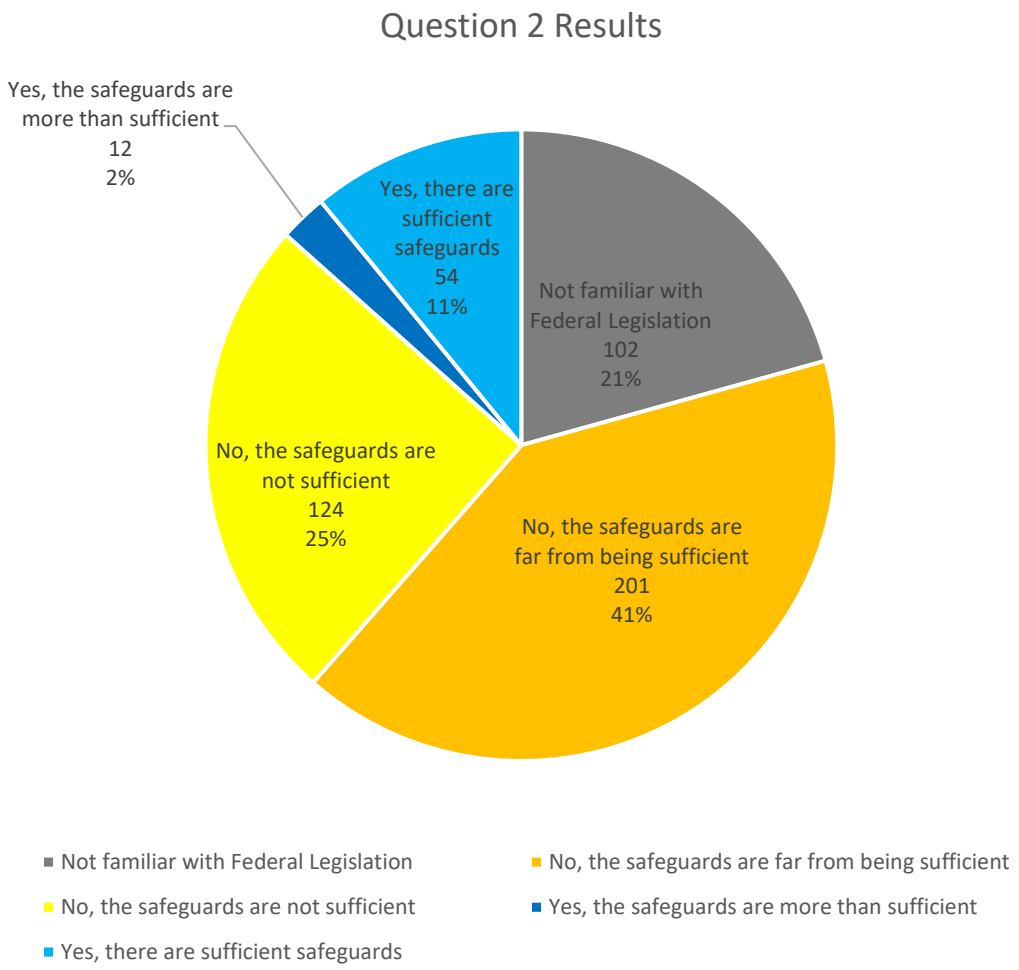
Question 2:
In your opinion, does the Federal legislation provide sufficient safeguards in permitting MAID for mental disorders beginning in March 2024?



Total Agree = 13%

Total Disagree = 66%

Representative quote from participant who disagrees:

"The current safeguards are insufficient to protect those with mental illness as a sole underlying condition.

First, the criteria for MAiD as a sole underlying condition does not require patients to have trialled a specific number of treatments. Instead, it simply necessitates that they be aware of treatment options. This raises the possibility that individuals with mental illness could opt for MAiD without ever undergoing treatment or treatment of a sufficient length to be beneficial. This is of significant concern since lack of future orientation and hopelessness are features of many psychiatric illnesses.

Second, there is to be no federal registry of completed MAiD interventions to compare Track 1 to Track 2 vs. Track 2 with mental illness as a sole underlying condition. This does not allow clinicians to understand the demographics and diagnoses of those with mental illness as a sole underlying condition who are opting for a MAiD intervention.

Third, it is not necessary that the MAiD assessors be psychiatrists, only that assessors "consult" with a clinician who has expertise in the illness in question. There seems to be no definition of what constitutes "expertise" and what is to be defined as "consultation". In addition, there are only guidelines with respect to MAiD eligibility criteria for those with mental illness as a sole underlying condition. This may lead to significant heterogeneity in who is deemed eligible for MAiD. It also allows for the possibility that patients with mental illness may "doctor shop" until they find assessors willing to authorize the intervention.

Fourth, although Track 2 mandates a 90 day reflection period, it would be relatively simple for some patients with mental illness to qualify for Track 1 and therefore, MAiD without delay. For instance, it is possible that a patient with mental illness as sole underlying condition could stop eating or drinking, or seriously injure themselves. In these cases, an argument could be made that death is reasonably foreseeable. There is not sufficient protection to prevent "migration" of "Track 2" cases to "Track 1" status."

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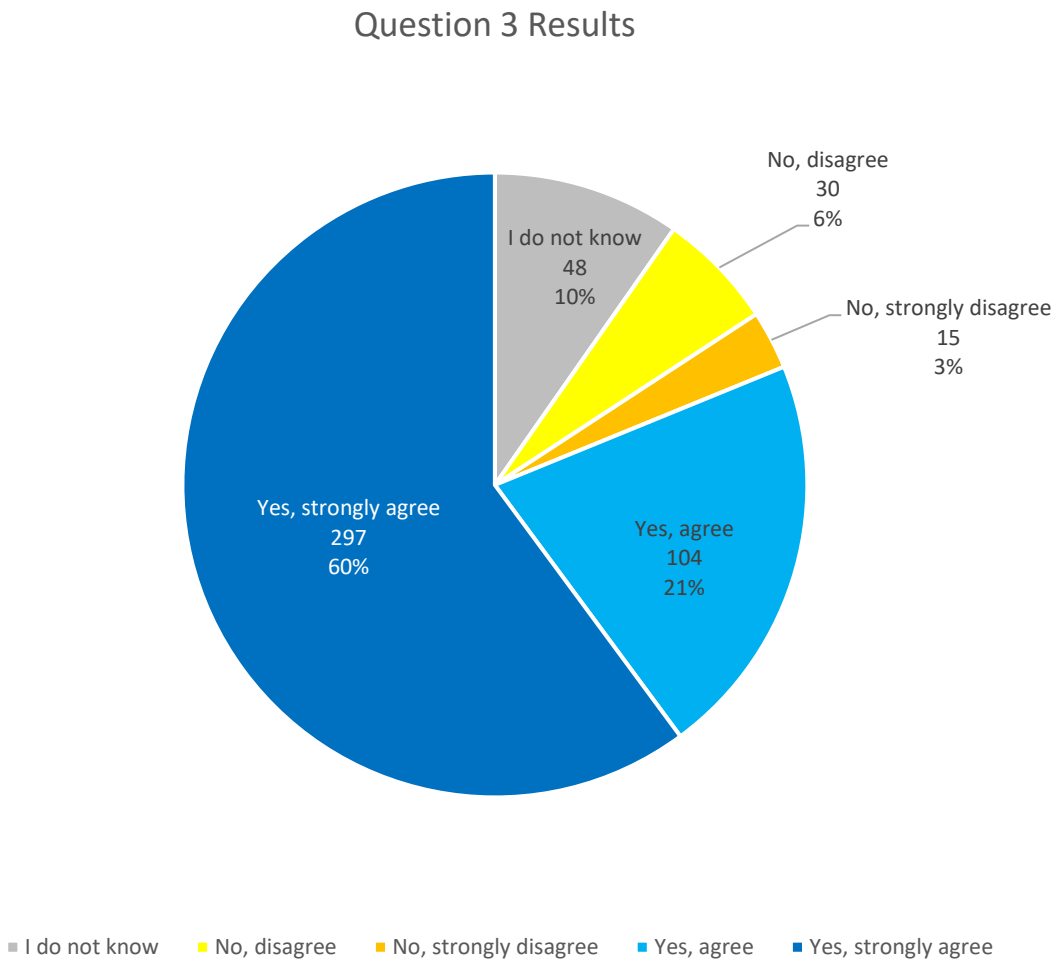
Question 3:
In your opinion, should MAID assessors for patients with mental disorders as their sole underlying medical condition be specialists in psychiatry with a Royal College specialist designation in psychiatry or equivalent?



Representative quote from participant who agrees:

"Psychiatrists are trained to perform a holistic assessment and formulate a bio-psycho-social (sometimes spiritual) interpretation of the patients' situation. They are also trained in suicide risk assessment. Giving the likely high complexity of cases who will require psychiatric MAiD, no other health professionals than certified psychiatrists should be allowed to assess those cases."

Total Agree = 81%

Total Disagree = 9%

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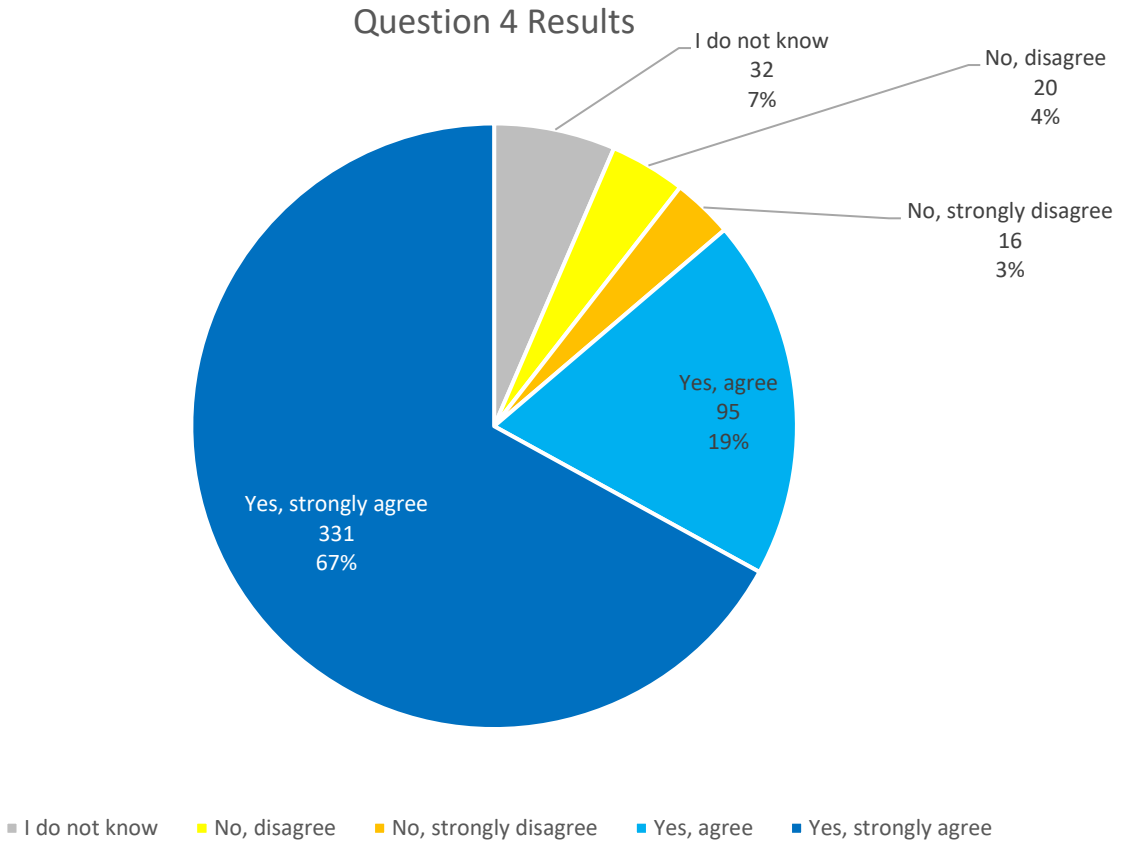
Question 4:
Should a psychiatrist be consulted for every request for MAID where a mental disorder is the sole underlying medical condition, to assess capacity and/or to provide a psychiatric opinion on remaining treatment options/futility?



Representative quotes from participants who strongly agree:

- *"For all treatment resistant cases where MAiD is being considered, I think the patient should have had a second opinion by a tertiary specialist (e.g., mood or psychotic disorder specialized clinic) around additional treatment options that may not have been offered or explored."*
- *"Yes, however this will take away precious resources needed to provide actual treatment who seek to get better. Our wait lists are so long already."*

Total Agree = 86%

Total Disagree = 7%

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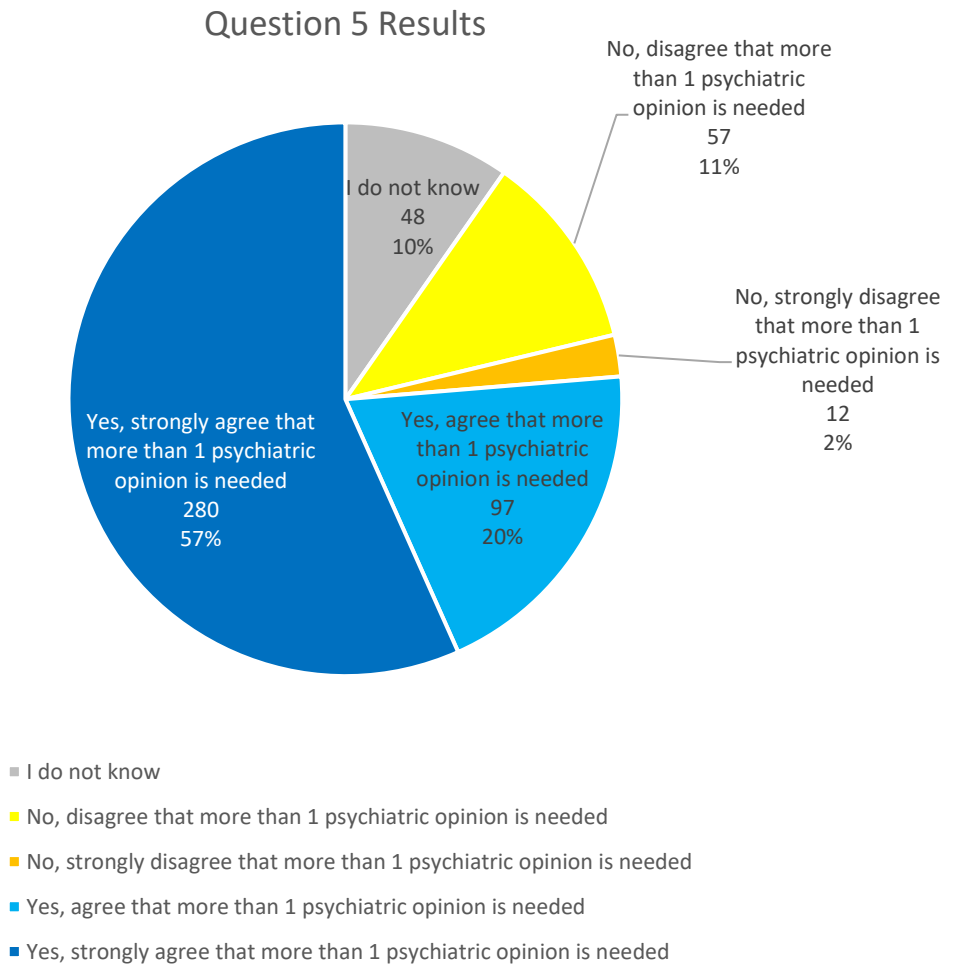
Question 5:
Do you agree or disagree that more than 1 psychiatric opinion is needed to determine eligibility for MAID where a mental disorder is the sole underlying medical condition?



Representative quote from participant who strongly agrees:

"As in all fields, psychiatrists who have trained and worked together can still have very different opinions on the same patient and different skill sets to elucidate patient histories, symptoms, and opinion of overall prognosis. If we are talking about intentionally ending a human life for a mental health disorder, a second opinion from an expert in those disorders is more than warranted."

Total Agree = 76%

Total Disagree = 14%

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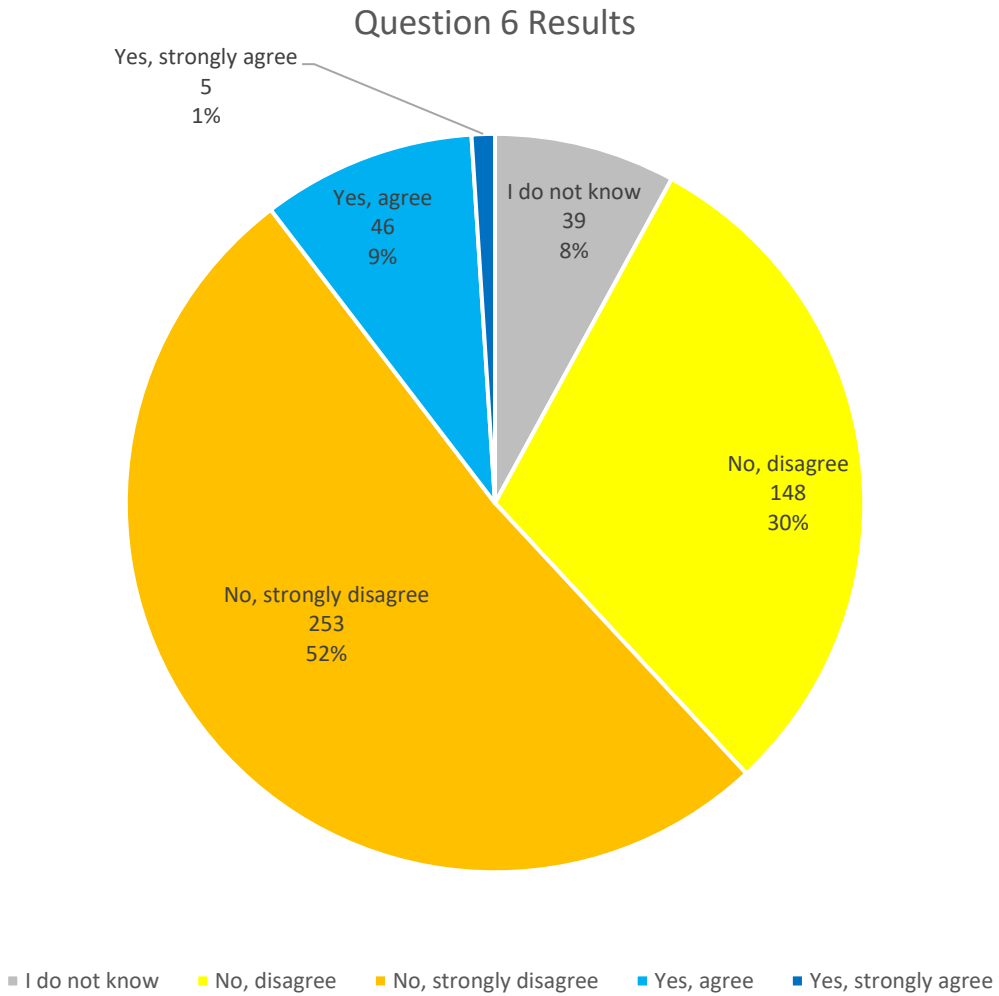
Question 6:
Do you agree or disagree that case review with the referring MAID assessor is sufficient as a consultation?



Representative quote from participant who strongly disagrees:

"Due to high complexity of severe mental illness, and high prevalence of comorbid disorders, it's crucial for the consulting psychiatrist to complete a thorough diagnostic assessment. This is further compounded by lack of objective diagnostic biomarkers for mental illness in terms of imaging or other diagnostics investigations such as bloodwork."

Total Agree = 10%

Total Disagree = 82%

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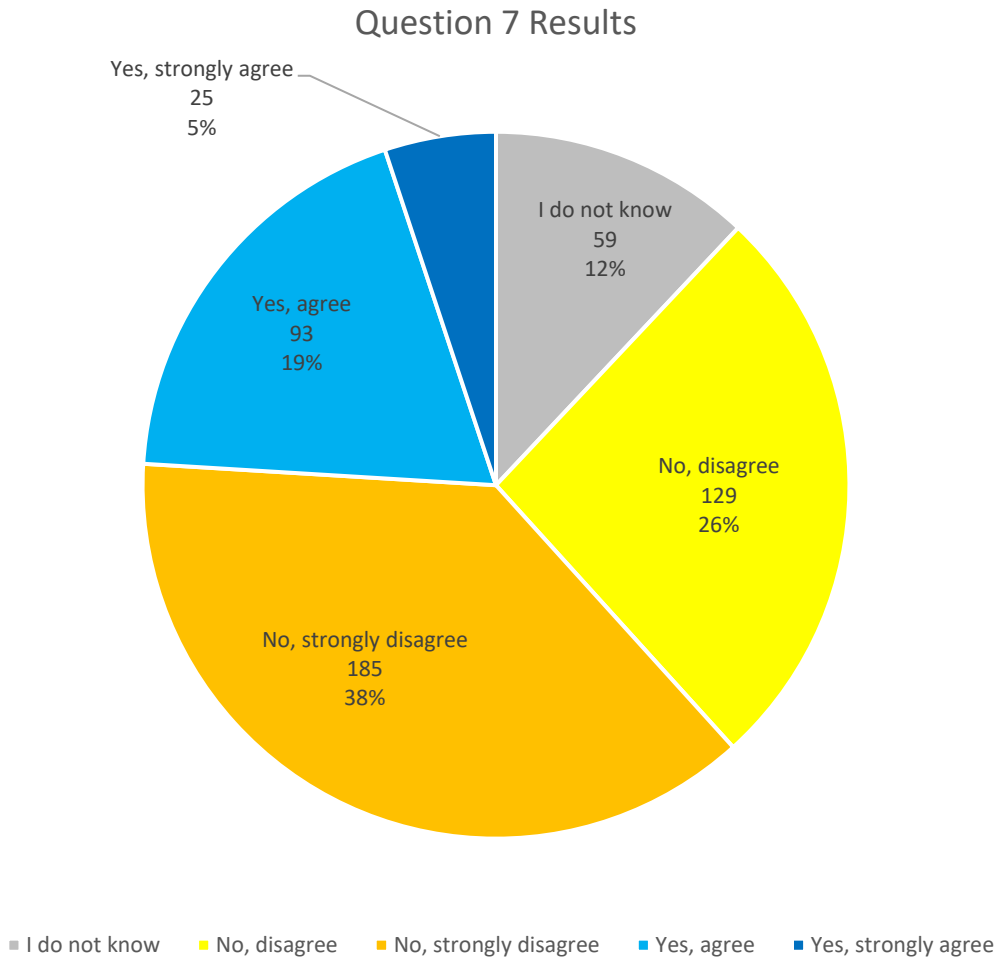
Question 7:
Do you agree or disagree that the legislative requirements and the methods described in the Model Practice Standards to determine irremediability are sufficient to adequately guide individual assessors on determinations of irremediability for mental disorders?



Total Agree = 24%

Total Disagree = 64%

Representative quotes from participants who strongly disagree:

- *"Il est très difficile d'établir le caractère irrémédiable des maladies mentales. Aussi, le jugement des patients sur les traitements est souvent faussé, le désespoir peut faire que les patients refusent des traitements raisonnables car ils minimisent les chances de succès."*
- *"Over the years, I have been surprised by some of my patients. Some have eventually recovered when I suspected that they wouldn't. I would hate to think that any of these would have been provided with MAID when they could have gotten better."*

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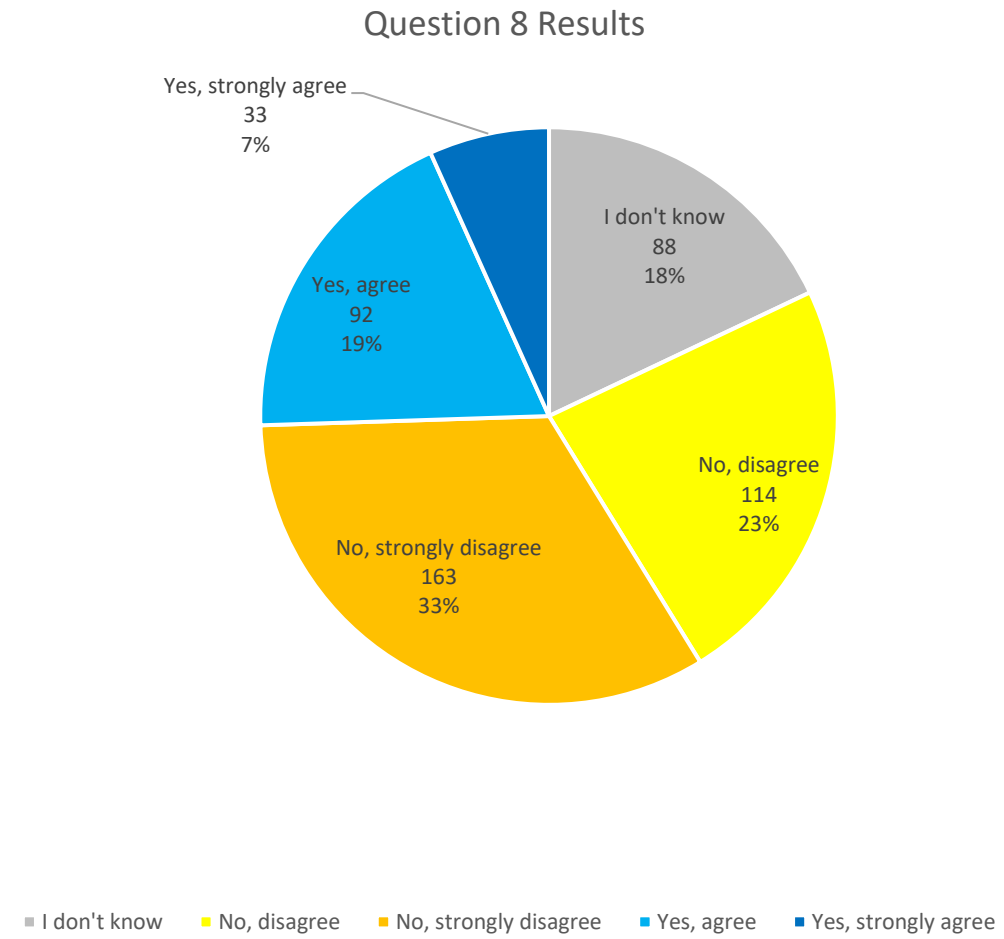
Question 8:
In most cases, MAID for a mental disorder would be considered Track 2 where death is not reasonably foreseeable. 90 days is the legislated minimum time for assessment of Track 2 cases.
Do you agree or disagree that 90 days is sufficient when applied to cases of MAID for mental disorders?



Representative quote from participant who strongly disagrees:

"Changes in mental health occur slowly after long periods of time because healing brain cells is a very slow process. 90 days is sometimes not even long enough to allow for access to some mental health services, let alone making the determination of whether someone is eligible for MAID."

Total Agree = 25%

Total Disagree = 57%

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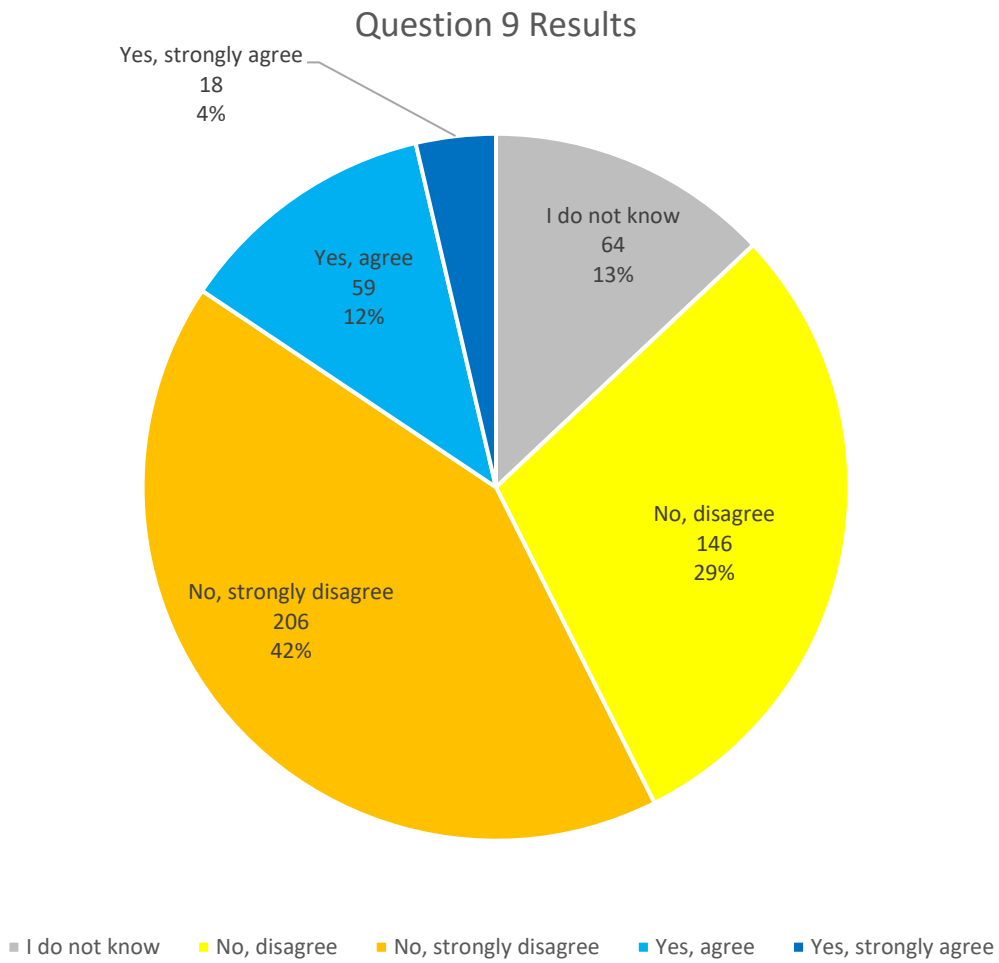
Question 9:
If in your clinical judgement as a psychiatrist you believe that there are still potentially effective treatments available, but a capable patient declines these treatments, would you consider this patient eligible for MAID?



Total Agree = 16%

Total Disagree = 71%

Representative quote from participant who disagrees:

- *« Les traitements sont parfois tellement difficiles à obtenir et pour des raisons de choix politiques et de ressources, les patients ont un accès théorique et non réel, il y a tellement d'obstacles aux traitements, que de seulement considérer les << choix >> du patient et l'offre réellement disponible est éthiquement intenable. Il y a de telles pénuries en raison de choix politiques, les traitements existent, les professionnels existent, mais les patients n'y ont pas accès. »*

Representative quote from participant who agrees:

- *"Technically based on the current guidelines, they would be eligible for MAiD, but I do not necessarily agree with this."*

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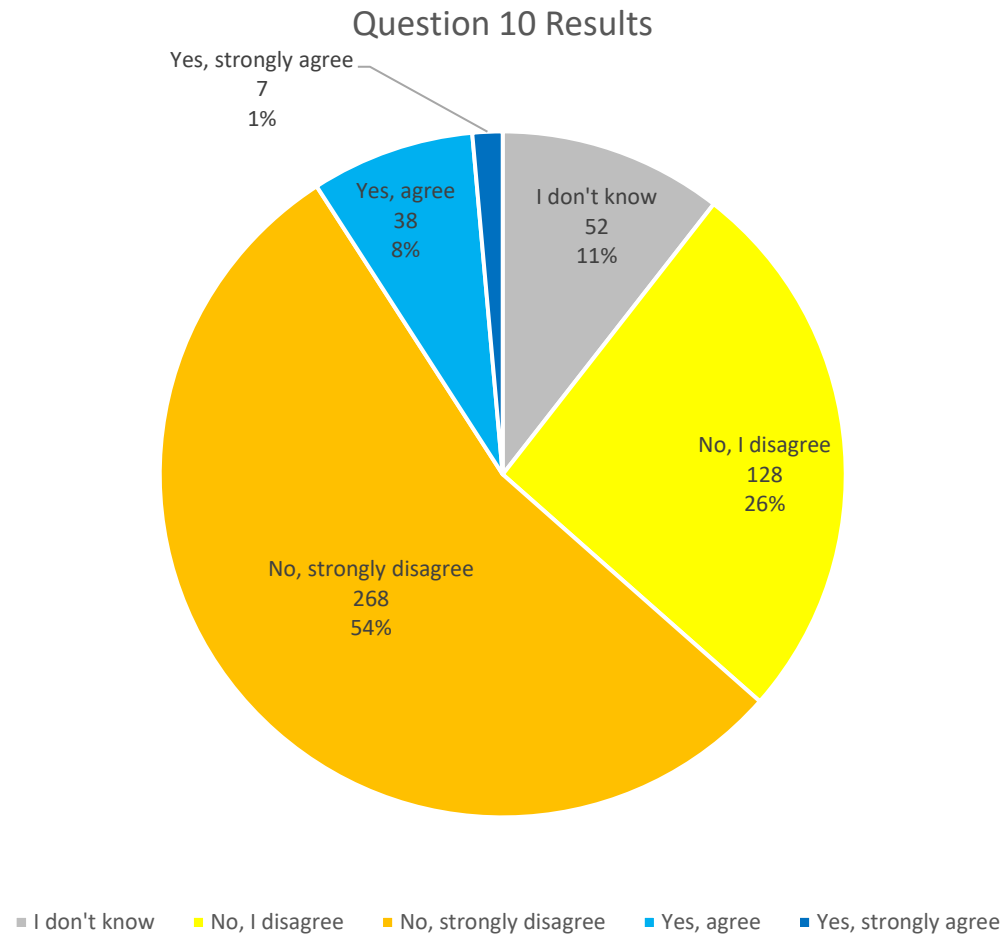
Question 10:
If a patient is unable to access standard treatments (e.g. they are unable to afford the treatment or there is a very long waiting list to access care), would you find them eligible for MAID?



Representative quote from participant who strongly disagrees:

"The issue is not the illness, the issue is the system that is not allowing the patient to access adequate care. That is our issue to solve by improving the system, NOT by people dying to escape it."

Total Agree = 9%

Total Disagree = 80%

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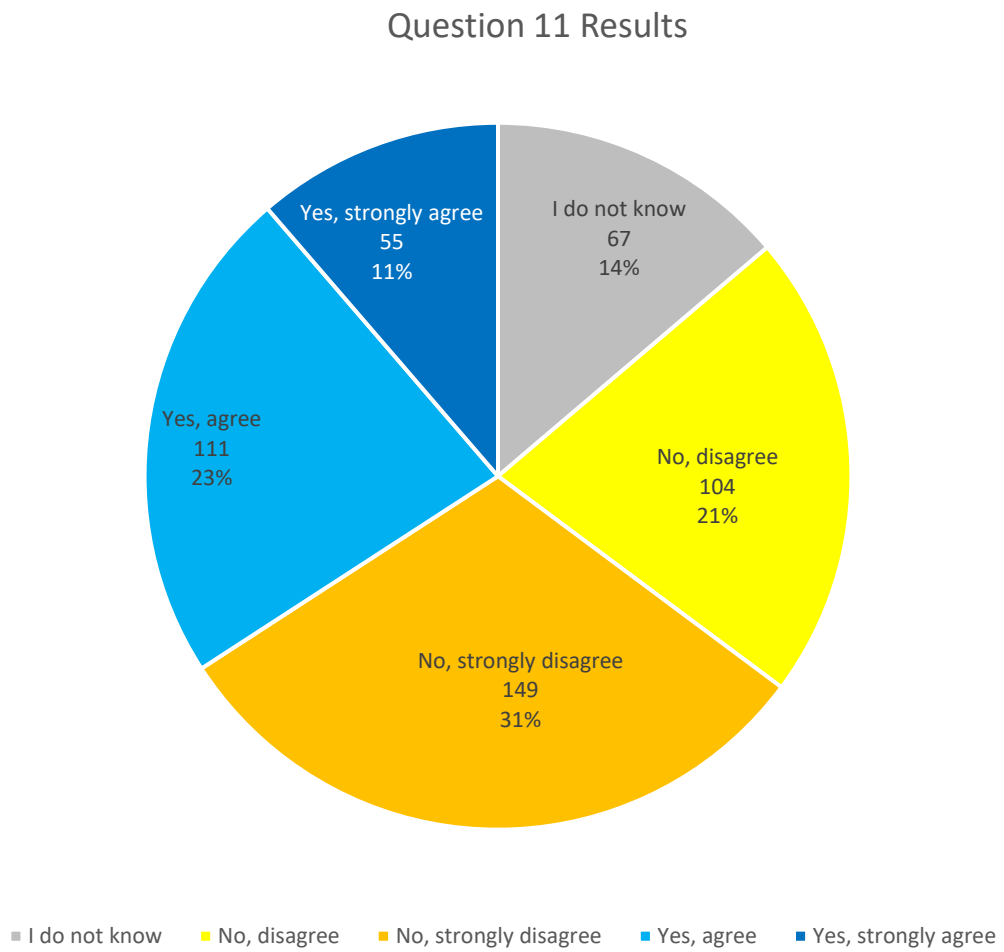
Question 11:
If a patient meets eligibility criteria for MAID, but the assessor advises against MAID for ethical reasons (for example, the assessor does not believe MAID should be provided in response to lack of access to social determinants of health such as housing, financial aid, or timely medical care), **should it be mandatory for the assessor to make an effective referral for MAID?**



Total Agree = 34%

Total Disagree = 52%

Representative quotes from participants who strongly disagree:

- *« Cette position est intenable pour les soignants, je pense que l'équipe traitante doit être pro-vie, et que des équipes indépendantes doivent évaluer l'AMM. Nous allons faire énormément de dommages aux patients et aux soignants si nous mettons l'obligation de référer et de ne pas décourager les gens à l'AMM. Nous exposons les médecins à des poursuites et à des plaintes de patients suicidaires pour lesquels nous faisons la promotion de la vie et pour lesquels nous enseignons la tolérance à la détresse. Ceci est un non sens et contrevient aux bonnes pratiques psychiatriques. Nous devons rester des agents d'espoir et des acteurs pro-vie dans la vie de nos patients. Ceci nous permet néanmoins, selon nos convictions, de faire partie aussi de l'équipe << AMM >>, auquel cas nous ne pourrions pas évaluer nos propres patients, mais nous pourrions évaluer ceux de nos collègues. Ainsi, il y a une séparation claire et étanche entre les deux logiques. »*

- *"No, because in this case it is not due to the assessor's personal beliefs. The physician would only have a duty to refer on if they refuse to discuss MAID with any patient due to their ethical/religious beliefs (similar to abortion). In this case, they have made an assessment that the person would improve with treatment (from a biopsychosocial lens, housing and finances are part of the treatment plan) - the next step would be ensuring the patient gets access to this treatment, and then reassessing whether their suffering has improved or whether they still desire MAID."*

Representative quote from participant who strongly agrees:

- *"if a directive to refer exists, we should refer and have a central (trained) maid team do this kind of screening, not leave it up to the discretion of individual practitioners in the community or hospital."*

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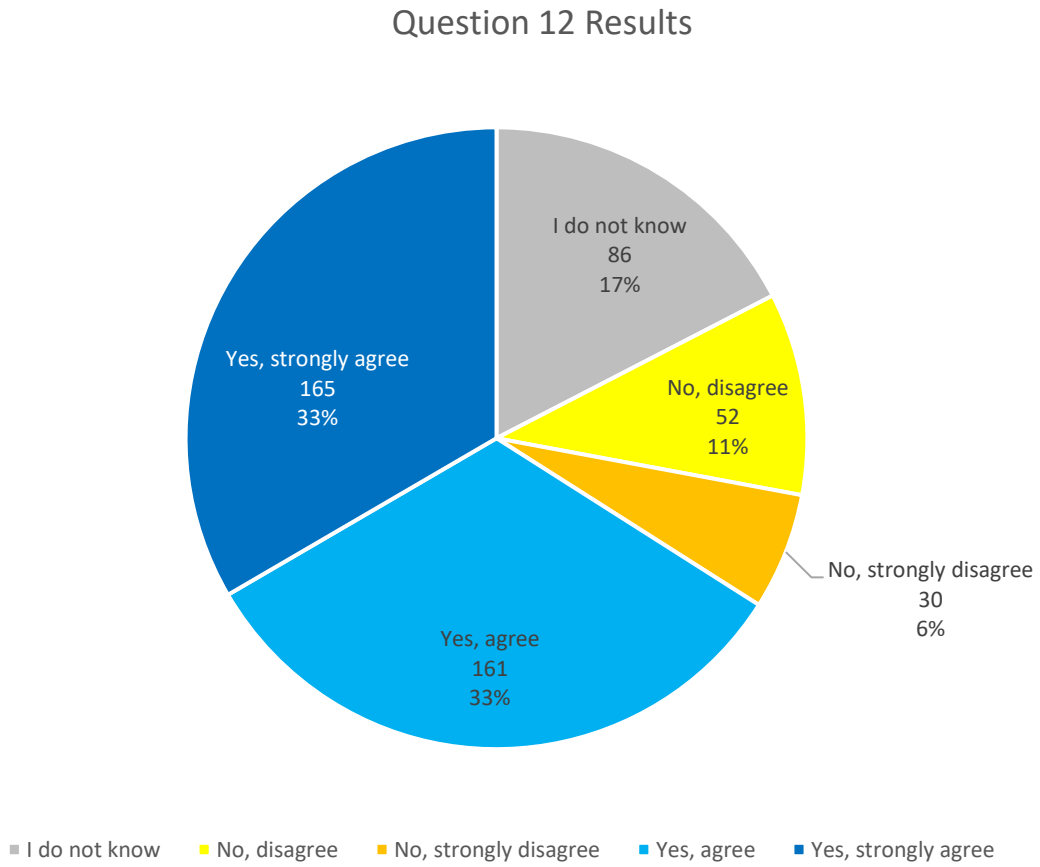
Question 12:
Current guidelines do not differentiate between objections to MAID based on 'conscience' and objections to the provision of MAID based on 'professional clinical judgement' and medical standards of care. Suppose a patient has declined an available treatment that would be effective in treating their mental disorder and requests MAID, against a physician's clinical judgment. **Do you agree or disagree that physicians should maintain their ability to determine whether referrals for MAID are, or are not, clinically appropriate?**



Representative quote from participant who strongly agrees:

"The clinician's right to decide whether a referral is appropriate or not is considered valid for other treatments. It seems problematic to think that the same decision should be denied to clinicians when it comes to MAID."

Total Agree = 66%

Total Disagree = 17%

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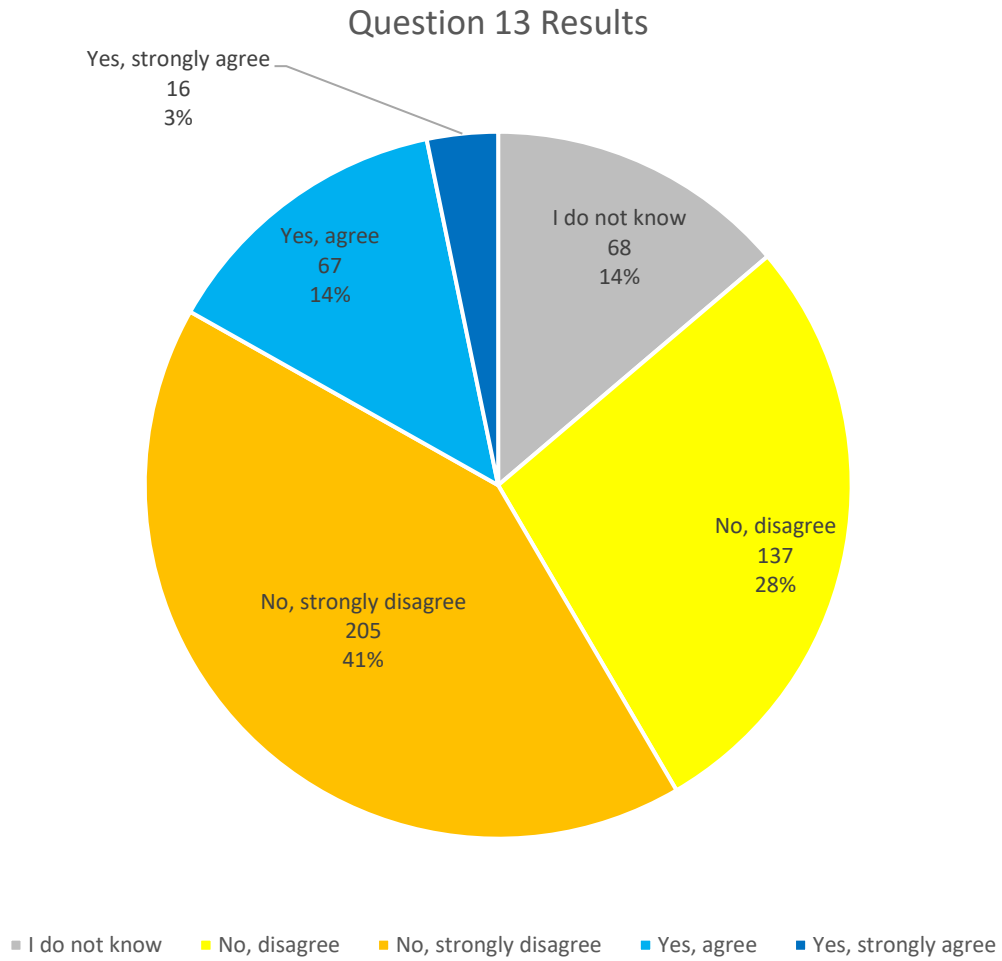
Question 13:
Do you agree or disagree with the HCMPS guidelines that obligates healthcare professionals to initiate, unsolicited, the discussion with patients of their potential eligibility for MAID if it was determined to be 'consistent with the person's values and goals of care'?



Representative quote from participant who strongly disagrees:

"Mental health patients are already extremely vulnerable and often disadvantaged in multiple aspects of life. Extreme care should be taken in how treatment options are raised and someone in a position of authority spontaneously raising the idea of suicide to such patients could imply that they believe it is the correct choice, that the patient does not deserve to live, or that they feel the patient's condition is hopeless."

Total Agree = 17%

Total Disagree = 69%

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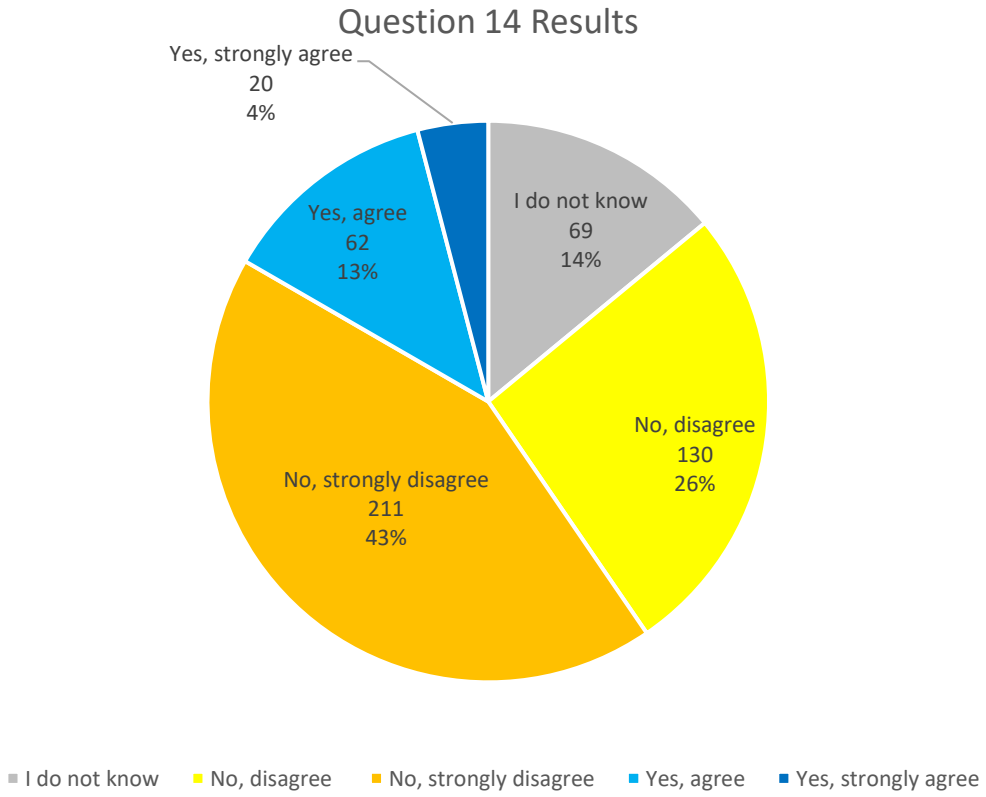
Question 14:

Suppose a person's underlying mental disorder has led to circumstances that are indirect contributors to a person's 'intolerable suffering'. E.g. an individual with unremitting negative symptoms of schizophrenia is unable to maintain stable employment which has led to years of living with unstable housing and food insecurity. The stress from this person's social situation (e.g. lack of housing and food) has led to a subjective state of 'intolerable suffering.' Social supports for housing would take years to access and this wait is deemed unacceptable to the person. They decide to apply for MAID. **Should this person's situation meet the Federal legislations' 'intolerable suffering' criteria for MAID eligibility?**



Representative quote from participant who strongly disagrees:

"The government needs to invest in psychosocial determinants of health for the most vulnerable. More subsidized housing is needed. The wait time is unacceptable and death shouldn't be the alternative."

Total Agree = 17%

Total Disagree = 69%

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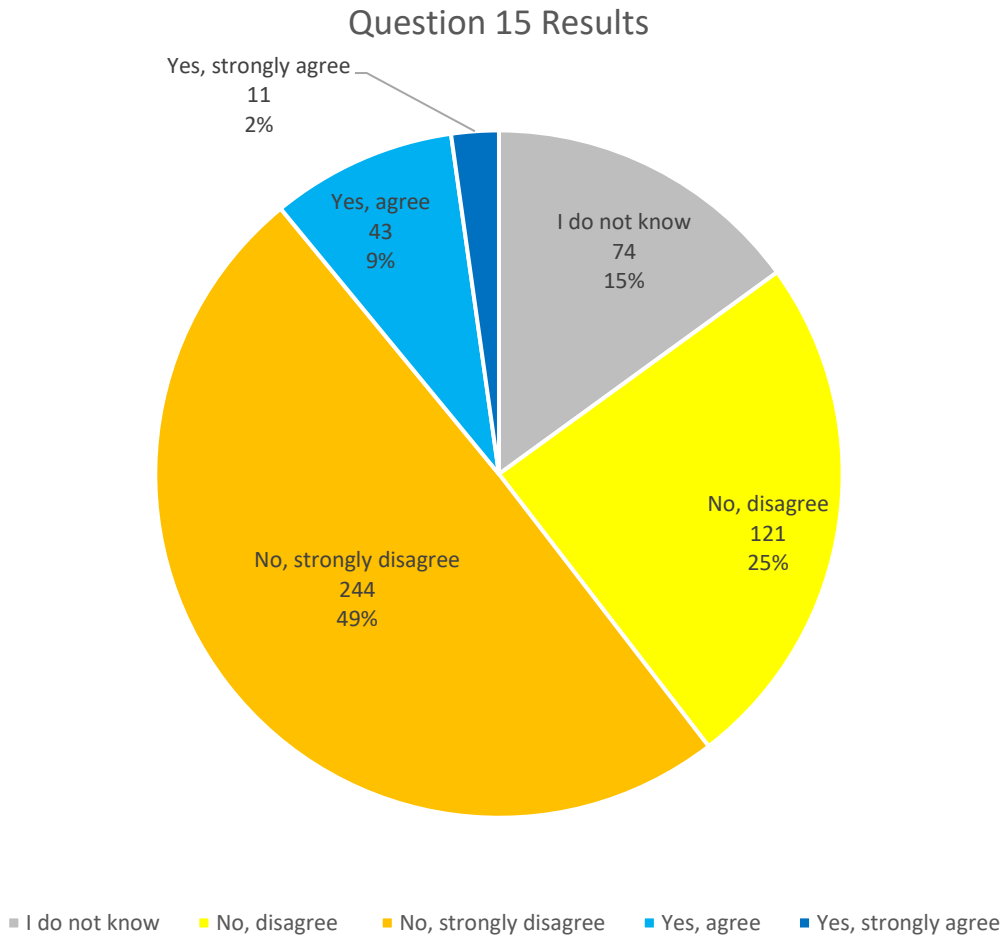
Question 15:
Do you agree or disagree that current legislation adequately protects the safety of patients with mental disorders who seek MAID but whose request is primarily driven by the context of social determinants of health (e.g. poverty, incarceration).



Representative quote from participant who strongly disagrees:

"As written, the policy disadvantages individuals who are poor, disenfranchised, have poor illness awareness, by making it possible to receive MAID for these reasons (instead of illness severity). It will be harder for people who are wealthy, have family involved, live in cities/provinces with better resources to meet MAID criteria than people in the opposite circumstances."

Total Agree = 11%

Total Disagree = 74%

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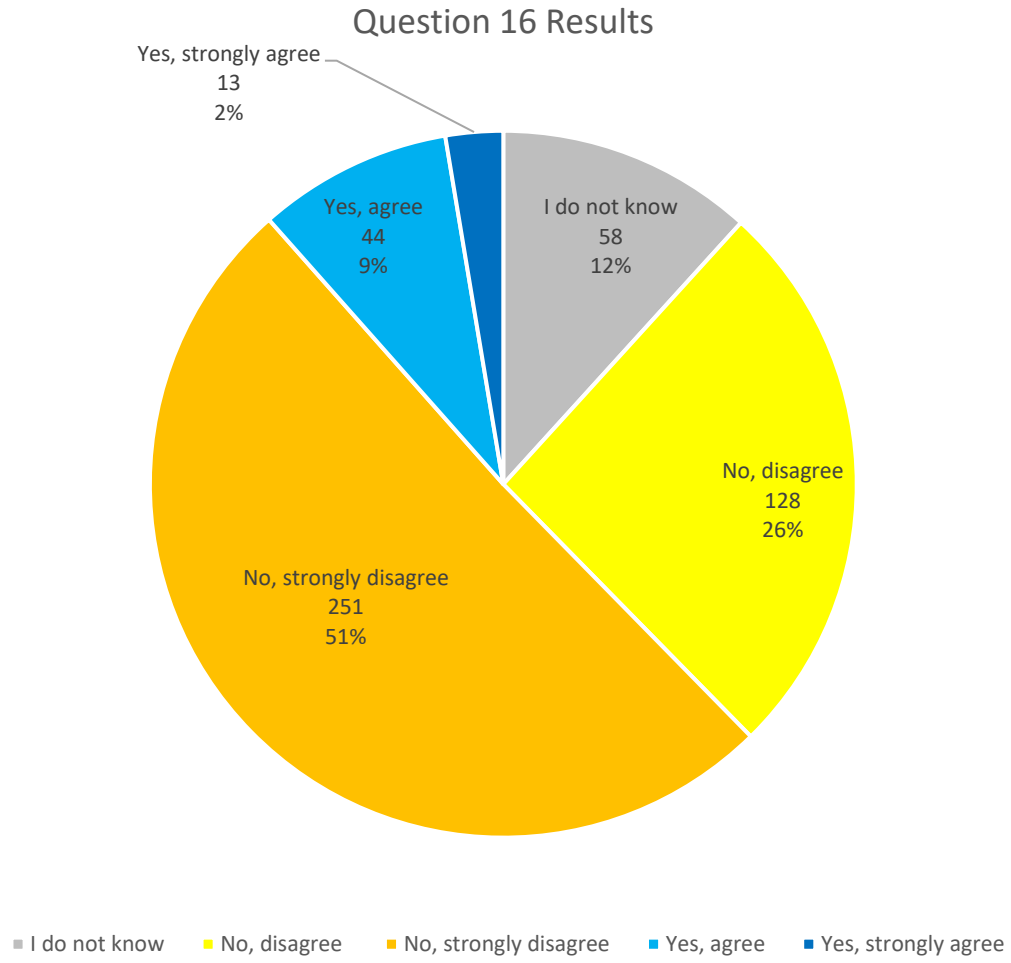
Question 16:
Do you agree or disagree that current legislation provides sufficient guidance to the profession to implement MAID for mental disorders as the sole underlying medical condition?



Representative quote from participant who strongly disagrees:

"I have attended several lectures on the topic and read about it out of professional interest and I feel I have no idea what to do March 2024 if I get a referral. This should not be the case for such an important transition."

Total Agree = 11%

Total Disagree = 77%

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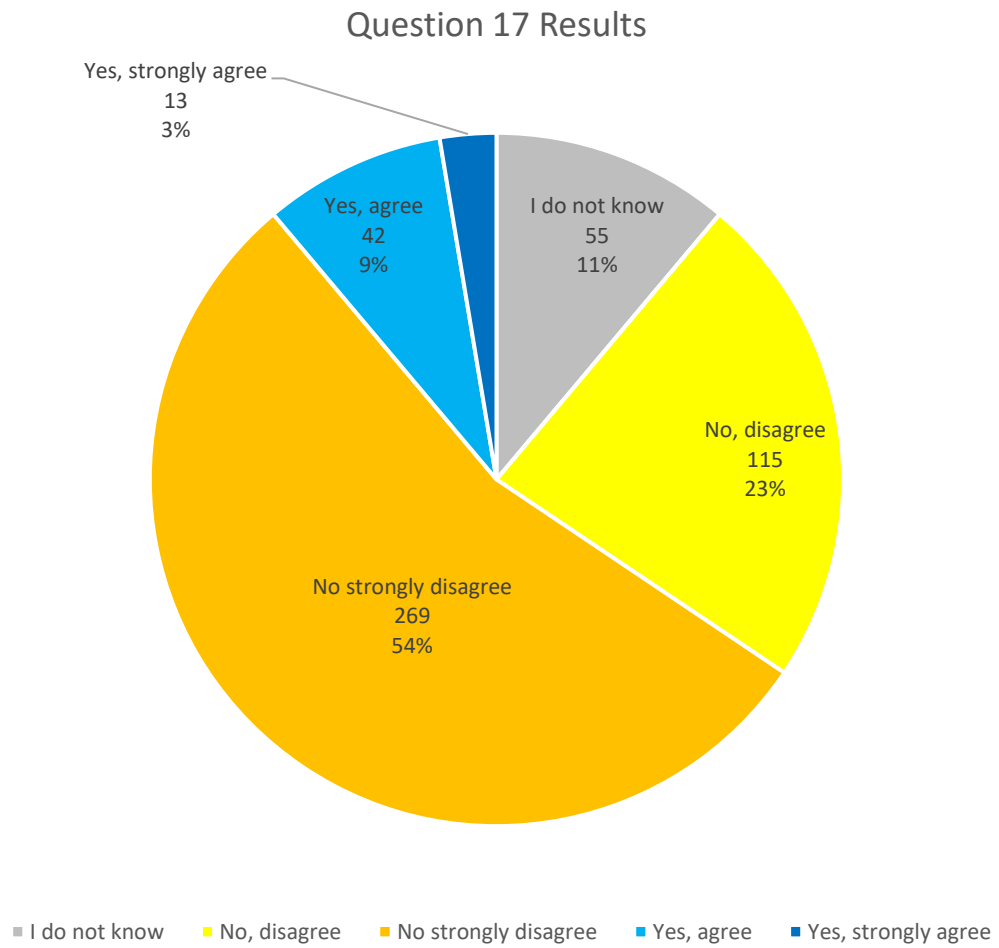
Question 17:
Do you agree or disagree that current legislation provides sufficient safeguards to protect vulnerable and marginalized patients with mental disorders from inappropriate applications of MAID?



Representative quote from participant who strongly disagrees:

"Firstly, it could be argued that the vast majority of patients with mental illness fall into the "vulnerable and marginalized" category. Many people with mental illness are rejected by the community at large, as they often fail to conform to social norms. Additionally, many people with mental illness are rejected by the medical community - they can be unpleasant to deal with, challenging to treat, and require more time and patience than the average physician can supply. Finally, mentally ill patients are vulnerable and marginalized within the psychiatric system - they can engender strong emotions, make psychiatrists feel ineffectual, and overwhelm the system with the sheer complexity of their issues. Inappropriate treatments and discharges, as well as other antitherapeutic maneuvers, are widespread within our field. When it happens elsewhere in medicine, patients and families find a good lawyer, advocate for themselves, consult with trustworthy friends and colleagues, etc. When it happens to psychiatric patients, chances are they cannot do a thing about it. MAID SUMD in its current proposed form will be misapplied and no one will care - because this patient was homeless anyway, that patient was suicidal anyway, etc."

Total Agree = 11%

Total Disagree = 78%

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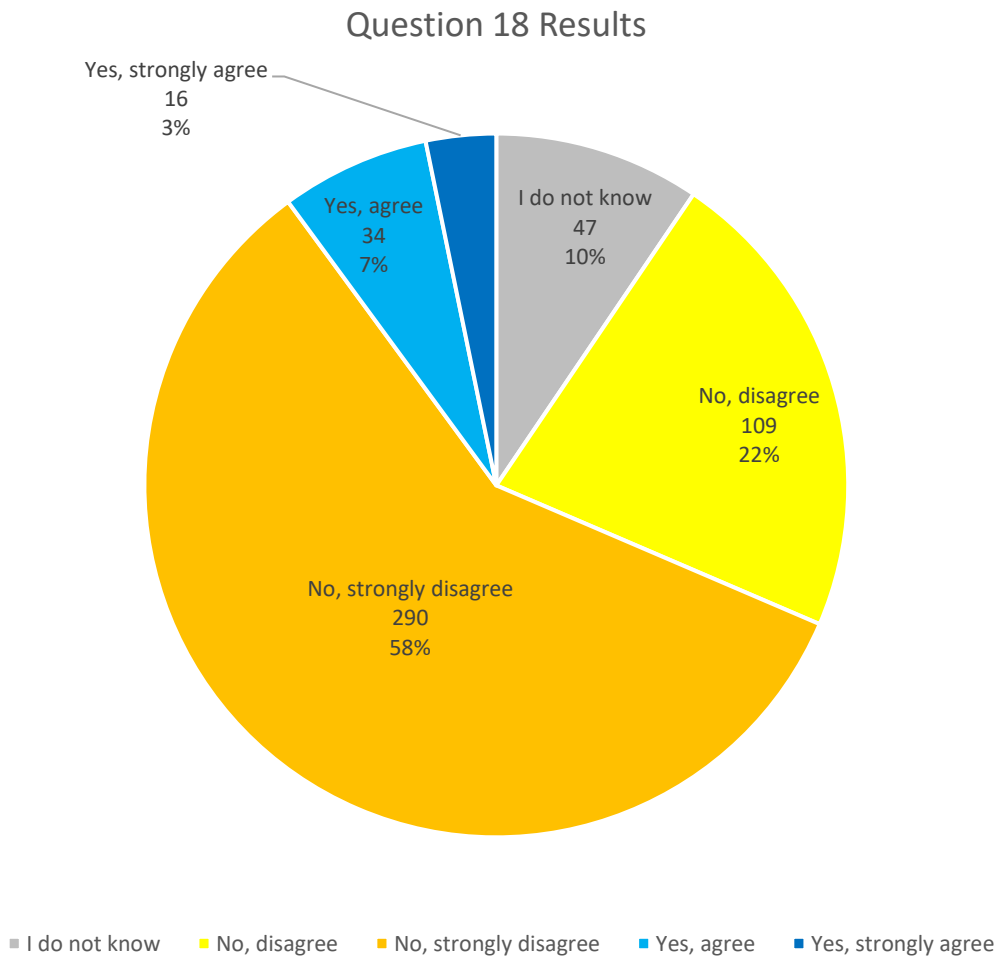
Question 18:
Do you agree or disagree that the Canadian medical system is prepared to safely support the expansion of MAID for MD-SUMC by March 17, 2024?



Representative quote from participant who strongly disagrees:

"We barely have the resources to provide basic mental health care at this time. The ability to provide good medical care to most patients is also not great. When you combine a broken medical system that can't address the health needs of its population and combine this with application of MAID for MI, many more people will desire MAID for the wrong reasons, and the way the legislation is set up, legally, there are no barriers if psychiatrists subjectively determine that the patient's suffering is great enough to warrant their lives being ended. I feel like the healthcare system, because of its inadequacies and inherent pressures towards expediency, budget cuts, and bed pressures, will lead to people choosing MAID as an easy, quick solution, when what we really need is improved healthcare delivery so that patients are not languishing on wait times without family doctors to care for their needs."

Total Agree = 10%

Total Disagree = 80%

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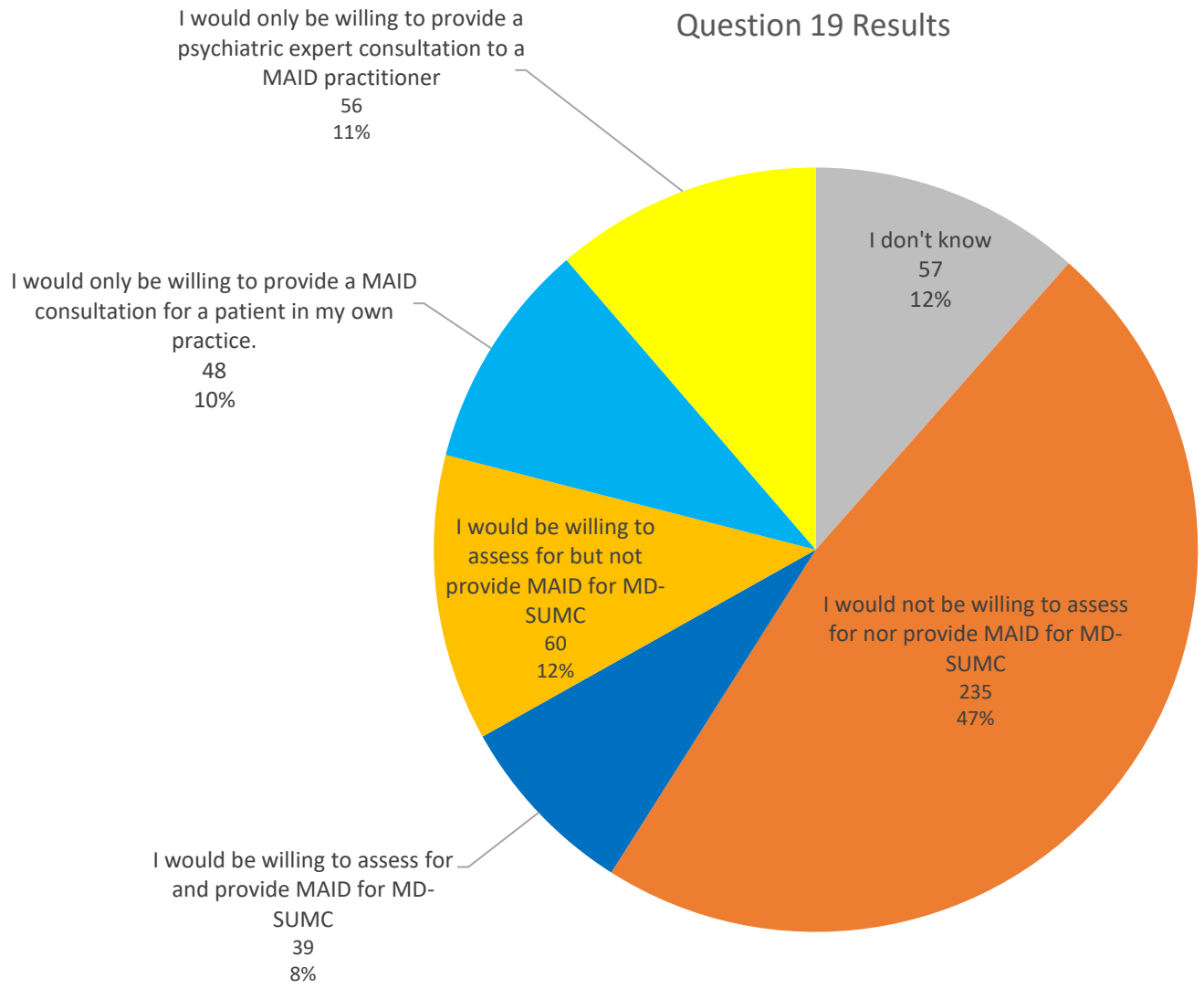
Question 19: To what level of involvement would you be willing to participate in the MAID process for patients where a mental disorder is the sole underlying medical condition (MD-SUMC)?



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Acknowledgements

- Hatching Ideas Lab: https://hatchingideaslab.com/home
  - Nicole Edgar
  - Jessica Yu
  - Dr. Simon Hatcher (co-investigator)

- Ontario Psychiatric Association (OPA) Members of General Council

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Ontario Psychiatric Association

Appendix B
Survey Questions

Ontario Psychiatric Association
7145 West Credit Avenue, Building 2, Suite 201, Mississauga, ON L5N 6J7
Phone: 905-813-0105 • opa@eopa.ca • www.eopa.ca

Implied Consent Form

Study Title: Survey of Psychiatrists and Psychiatry Residents' perspectives on Medical Assistance in Dying (MAID) where a Mental Disorder is the Sole Underlying Medical Condition under the current Canadian Federal Legislative Framework and the Health Canada Model Practice Standards for MAID

Principal Investigator: Dr. Sephora Tang;

Institutions: The Ottawa Hospital and Ottawa Hospital Research Institute

Email: stang@toh.ca;

telephone: (613) 722-7000

OHSN-REB Number: 20230674-01H

INTRODUCTION

You are being asked to participate because you are a psychiatrist or psychiatric resident in Canada. This study examines the views of psychiatrists and psychiatry residents on Medical Assistance of Dying (MAID) for mental disorders as the sole underlying medical condition (MAID for MD-SUMC) that is informed by the current Federal Legislative framework and the 2023 HCMPS. This study will also use the data gathered from the survey to formulate recommendations that will be submitted to the Federal and/or Provincial governments.

ARE THERE ANY CONFLICTS OF INTEREST?

There are no conflicts of interest to declare related to this study.

WHAT WILL HAPPEN DURING THIS STUDY?

Your participation in this study will require the completion of a single survey. The survey asks questions about the perspective of psychiatrists and psychiatry residents on Medical Assistance in Dying (MAID) in the context of the current legislation and of mental disorders as the sole condition. This should take approximately 15 minutes of your time, depending on how much or how little you would like to share. The information you provide is for research purposes only. Some of the questions are personal. You can choose not to answer questions if you wish.

VOLUNTARY PARTICIPATION AND WITHDRAWAL:

You do not have to be in this study if you do not want to be. You can choose to end your participation in this research (called withdrawal) at any time without having to provide a reason. The decision will not affect your employment or residency at the institution you practice.

The survey response will be anonymously collected. This means that you can withdraw from participating at any time while completing the survey/questionnaire simply by closing your browser or not returning the hardcopy document; however, once the completed survey/questionnaire has been returned to the study team, it will not be possible to withdraw your information. Any information recorded before you withdraw will be used by the researchers for the purposes of the study, but no information will be collected after you withdraw your permission.

RISKS AND/OR BENEFITS

Participation involves minimal risk to you. Some of the questions may however make you feel uncomfortable. You may not receive direct benefit from participating in this study. We hope the information learned from this study will help inform government policies regarding the administration of MAID where mental disorder is the sole underlying medical condition.

PRIVACY/CONFIDENTIATLITY:

The survey is anonymous which means that your answers will not be linked to you in any way.

Authorized representatives of the following organizations may look at original research records at the site where these records are held, to check that the information collected for the study is correct and follows proper laws and guidelines.

Ottawa Hospital Research Institute, the Sponsor of this study; and to oversee the conduct of research at this location The Ottawa Health Science Network Research Ethics Board who oversees the ethical conduct of this study. Information that is collected from you for the study (called study data) may also be sent to the organizations listed above. We do not have access to your name, address, email, or other information that may directly identify you. The records received by these organizations may contain information about which province you primarily practice and how many years you have been practicing. This research study is collecting information on gender, ethnicity and age of individuals because we would like to ensure we are reaching and collecting the opinions of psychiatrists and psychiatry residents from various backgrounds to reflect the diversity of mental health professionals practicing in

Canada. Providing information on your gender, ethnic origin and age is voluntary.

Communication via e-mail is not absolutely secure. We do not recommend that you communicate sensitive personal information via e-mail.

If the results of this study are published, your identity will remain confidential. It is expected that the information collected during this study will provide crucial knowledge about current perceptions of mental health professionals on the pending legislative changes regarding MAID. The key knowledge product for this will be an evidence brief to approach policy and lawmakers to inform the MAID legislation changes. If relevant, the information collected during this study may be used to pursue traditional approaches such as publishing and conference presentations.

Your anonymous data from this study may be used for other research purposes. If your study data is shared with other researchers, information that links your study data directly to you will not be shared.

Even though the risk of identifying you from the study data is very small, it can never be completely eliminated.

COST AND/OR PAYMENT:

You will not be paid for being in this study, nor will there be any cost to you.

RIGHTS OF PARTICIPANTS

You will be told, in a timely manner, about new information that may be relevant to your willingness to stay in this study.

You have the right to be informed of the results of this study once the entire study is complete. If you would like to be informed of the results of this study, please contact the Principal Investigator.

Your rights to privacy are legally protected by federal and provincial laws that require safeguards to ensure that your privacy is respected.

QUESTIONS:

If you have any questions about taking part in this study, you may contact the Principal Investigator, Dr. Sephora Tang at (613) 722-7000 ext. 78044.

If you have questions about your rights as a participant or about ethical issues related to this study, you can talk to someone who is not involved in the study at all. Please contact The Ottawa Health Science Network Research Ethics Board, Chairperson at 613-798-5555 extension 16719.

CONSENT

By completing this survey your consent to participate is implied. Please click "I accept" to continue onto the survey. A copy of this consent form is available to download below for your records.

[Attachment: "20230674-01H.Implied Consent Form.EN.28Nov2023.pdf"]

Survey of Psychiatrists and Psychiatry Residents' perspectives on Medical Assistance in Dying (MAID) where a Mental Disorder is the Sole Underlying Medical Condition under the current Canadian Federal Legislative Framework and the Health Canada Model Practice Standards for MAID

Context and Summary of MAID in Canada:

In March 2021 with Bill C-7, MAID was extended to those who deaths were not reasonably foreseeable, and several safeguards originally built into Bill C-14 were eliminated. [Please note: In Quebec, only "clinician-administered medical assistance in dying" is permitted where a medical practitioner administers a lethal dose of medications to an eligible person to induce death. "Self-administered medical assistance in dying" where a medical practitioner provides or prescribes a lethal drug that the eligible person takes themselves is not legal in Quebec].

Current Federal legislation would permit MAID for Mental Illness, as a sole underlying medical condition by March 17, 2024. Health Canada published their Model Practice Standards for MAID with an accompanying "Advice to the Profession" document in March 2023. The purposes of the Health Canada Model Practice Standards (HCMPS) are:

to provide information to assist in understanding the eligibility criteria, procedural safeguards, and reporting requirements for MAID; to set expectations for healthcare professionals involved in MAID; and to outline specific legal requirements for MAID assessors and providers. For your information:

Health Canada's Model Practice Standards: https://www.canada.ca/content/dam/hc-sc/documents/services/medical-assistance-dying/model-practice-standard/model-practice-standard.pdf "Advice to Profession: Medical Assistance in Dying (MAID)": https://www.canada.ca/content/dam/hc-sc/documents/services/medical-assistance-dying/advice-profession/advice-profession.pdf "Background Document: The Work of the MAID Practice Standards Task Group": https://www.canada.ca/content/dam/hc-sc/documents/services/medical-assistance-dying/background-document-work-practice-standards-task-group/background-document-work-practice-standards-task-group.pdf Section 241 of the Criminal Code: https://laws.justice.gc.ca/eng/acts/C-46/FullText.html#h-119953

Demographic Information

A. In which province do you primarily practice?

- ◯ Nova Scotia
- ◯ Prince Edward Island
- ◯ Newfoundland and Labrador
- ◯ New Brunswick
- ◯ Quebec
- ◯ Ontario
- ◯ Manitoba
- ◯ Saskatchewan
- ◯ Alberta
- ◯ British Columbia
- ◯ Northwest Territories
- ◯ Nunavut
- ◯ Yukon

B. How many years have you been practicing psychiatry?

- ◯ Less than 5 years
- ◯ 6-10 years
- ◯ 11-20 years
- ◯ 21-30 years
- ◯ 31-40 years
- ◯ >40 years

C. How did you receive this survey?

- ◯ Through the chairs of my department of psychiatry
- ◯ Through the Ontario Medical Association's Psychiatry Section
- ◯ The Ontario Psychiatric Association
- ◯ The Association of General Hospital Psychiatric Services

D. How do you self-identify your gender?

- ◯ Man
- ◯ Woman
- ◯ Non-binary
- ◯ Transgender
- ◯ Other (Prefer to specify)
- ◯ Prefer not to answer

D2. If you chose "Other (Prefer to specify)", please specify here: _____

E. What is your ethnicity?

- ◯ White/Caucasian
- ◯ Black
- ◯ First Nations
- ◯ Inuit
- ◯ Metis
- ◯ South Asian
- ◯ Asian
- ◯ Other (Prefer to specify)
- ◯ Prefer not to answer

E2. If you chose "Other (Prefer to specify)", please specify here: _____

F. What is your age?

- ◯ 18-30
- ◯ 31-40
- ◯ 41-50
- ◯ 51-60
- ◯ 61-70
- ◯ 71 or older

Instructions: The following survey consists of 19 questions and is expected to take 10-15 minutes to complete. Please select the response that best represents how you feel. You will also be provided the opportunity to elaborate on your response in the textbox below each question.

Question 1: Do you agree or disagree that MAID should be permitted for patients whose sole underlying medical condition is a mental disorder?

- ◯ Strongly agree
- ◯ Agree
- ◯ Disagree
- ◯ Strongly disagree
- ◯ I do not know

Free free to elaborate on your answer. _____

Question 2: In your opinion, does the Federal legislation provide sufficient safeguards in permitting MAID for mental disorders beginning in March 2024?

- ◯ Yes, the safeguards are more than sufficient
- ◯ Yes, there are sufficient safeguards
- ◯ No, the safeguards are not sufficient
- ◯ No, the safeguards are far from being sufficient
- ◯ I am not familiar with the Federal Legislation which would permit MAID for Mental Illness in March 2024

Free free to elaborate on your answer.

Question 3: In your opinion, should MAID assessors for patients with mental disorders as their sole underlying medical condition be specialists in psychiatry with a Royal College specialist designation in psychiatry or equivalent?

- ◯ Yes, strongly agree
- ◯ Yes, agree
- ◯ No, disagree
- ◯ No, strongly disagree
- ◯ I do not know

Free free to elaborate on your answer.

Question 4: Should a psychiatrist be consulted for every request for MAID where a mental disorder is the sole underlying medical condition, to assess capacity and/or to provide a psychiatric opinion on remaining treatment options/futility?

- ◯ Yes, strongly agree
- ◯ Yes, agree
- ◯ No, disagree
- ◯ No, strongly disagree
- ◯ I do not know

Free free to elaborate on your answer.

Question 5: Do you agree or disagree that more than 1 psychiatric opinion is needed to determine eligibility for MAID where a mental disorder is the sole underlying medical condition?

- ◯ Yes, strongly agree that more than 1 psychiatric opinion is needed
- ◯ Yes, agree that more than 1 psychiatric opinion is needed
- ◯ No, disagree that more than 1 psychiatric opinion is needed
- ◯ No, strongly disagree that more than 1 psychiatric opinion is needed
- ◯ I do not know

Free free to elaborate on your answer.

Assessor/Provider expertise

Under current Federal legislation, MAID assessors/providers of MAID for mental disorders are not legally required to have expertise in mental disorders. However, they must "consult" with someone who does have expertise in the condition causing the person's suffering. The advice to the profession document states: 'Consult with' can mean various modes of action, depending on the clinical question being asked. For example, it may require one or more meetings with the person requesting MAID or it may require one or more case discussions with the assessor and/or provider.

Question 6: Do you agree or disagree that case review with the referring MAID assessor is sufficient as a consultation?

- ◯ Yes, strongly agree
- ◯ Yes, agree
- ◯ No, disagree
- ◯ No, strongly disagree
- ◯ I do not know

Free free to elaborate on your answer.

Eligibility Criteria - Regarding Irremediability

Current eligibility criteria for MAID require that the provider/assessor determine that the person has 'a grievous and irremediable medical condition.'

Current legislation defines 'grievous and irremediable medical condition' as:

(a) a serious and incurable illness, disease, or disability;

'Incurable' means there are no reasonable treatments remaining (where reasonable is determined by the clinician and person together exploring the recognized, available, and potentially effective treatments in light of the person's overall state of health, beliefs, values, and goals of care.) (b) an advanced state of irreversible decline in capability;

Capability refers to a person's functioning (physical, social, occupational, or other important areas), not the symptoms of their condition. Function refers to the ability to undertake those activities that are meaningful to the person. 'Advanced state of decline' means the reduction in function is severe. 'Irreversible' means there are no reasonable interventions remaining where reasonable is determined by the clinician and person together exploring the recognized, available, and potentially effective interventions in light of the person's overall state of health, beliefs, values, and goals of care. (c) causing enduring physical or psychological suffering that is intolerable and that cannot be relieved under conditions considered acceptable by the person.

Question 7: Do you agree or disagree that the legislative requirements and the methods described in the Model Practice Standards to determine irremediability are sufficient to adequately guide individual assessors on determinations of irremediability for mental disorders?

- ◯ Yes, strongly agree
- ◯ Yes, agree
- ◯ No, disagree
- ◯ No, strongly disagree
- ◯ I do not know

Free free to elaborate on your answer.

_____

Question 8: In most cases, MAID for a mental disorder would be considered Track 2 where death is not reasonably foreseeable. 90 days is the legislated minimum time for assessment of Track 2 cases. Do you agree or disagree that 90 days is sufficient when applied to cases of MAID for mental disorders?

- ◯ Strongly agree
- ◯ Agree
- ◯ Disagree
- ◯ Strongly disagree
- ◯ I do not know

Free free to elaborate on your answer.

_____

Determination of "serious consideration" of available alternatives to MAID

The HCMPS' Advice to the profession document states that: "The incurability of the illness, disease, or disability does not require that a person has attempted every potential option for intervention irrespective of the potential harms, nor that a person must attempt interventions that exist somewhere in the world but are inaccessible to them"

Current legislation requires that prior to receiving MAID, a person must have been informed of the means available to relieve their suffering, including, where appropriate, counselling services, mental health and disability support community services, and palliative care, and that they have been offered consultations with relevant professionals who provide those services or that care.

The MAID assessor must agree that the person requesting MAID has given "serious consideration" to "reasonable and available means" to relieve their suffering. "Serious consideration" is understood to mean: "a) exercising capacity, not merely having it; b) exhibiting careful thought; and c) not being impulsive.

As stated previously:

'Incurable' as defined in the legislation, means that there are no reasonable treatments remaining (where reasonable is determined by the clinician and person together exploring the recognized, available, and potentially effective treatments in light of the person's overall state of health, beliefs, values, and goals of care.) "intolerable suffering" refers to enduring physical and psychological suffering that "cannot be relieved under conditions considered acceptable by the person."

Question 9: "If in your clinical judgement as a psychiatrist you believe that there are still potentially effective treatments available, but a capable patient declines these treatments, would you consider this patient eligible for MAID?"

- ◯ Yes, strongly agree
- ◯ Yes, agree
- ◯ No, disagree
- ◯ No, strongly disagree
- ◯ I do not know

Free free to elaborate on your answer.

_____

Question 10: If a patient is unable to access standard treatments (e.g. they are unable to afford the treatment or there is a very long waiting list to access care), would you find them eligible for MAID?

- ◯ Yes, strongly agree
- ◯ Yes, agree
- ◯ No, disagree
- ◯ No, strongly disagree
- ◯ I do not know

Free free to elaborate on your answer.

_____

The definition and approach to conscientious objection

Obligations to refer for MAID in the context of case specific objections as per footnote 8 to section 5.2 of HCMPS: Conscientious objection may be case specific. Some [physicians/nurse practitioners] are conscientiously opposed to all MAID. Some to only certain kinds of MAID (e.g., Track 2). Some to only specific cases given the specific circumstances. The same rules apply no matter the scope of objection - [physicians/nurse practitioners] cannot be compelled to participate but they must follow the steps laid out in 5.2 if they are unwilling to participate.

Section 5.0 of HCMPS states: Responsibilities of [Physicians/Nurse Practitioners] Unable or Unwilling to Participate in MAID

5.1 No [physician/nurse practitioner] can be compelled to prescribe or administer substances for the purpose of MAID.

5.2 [Physicians/Nurse Practitioners] who are unable or unwilling to participate in MAID practice as set out in this Standard:

5.2.1 must complete an effective [referral/transfer of care] for any person seeking to make a request, requesting, or eligible to receive MAID;

5.2.2 must advise the person that they are not able or willing to assist with the making of a request for an assessment for MAID or the provision of MAID;

5.2.3 must provide, with the consent of the person, all relevant and necessary health records to the [physician/nurse practitioners] or program providing services related to MAID;

5.2.4 must continue to provide care and treatment not related to MAID if the person chooses; and

5.2.5 should make an effective [referral/transfer of care] to another [physician/nurse practitioner] if the person does not wish to remain in their care.

5.3 [Physicians/Nurse Practitioners] with an existing therapeutic relationship with a person requesting MAID (independent of the MAID request) must not discharge the person from their care on the grounds that a MAID request has been made or the person is also receiving services from a MAID team or centralized process.

Question 11: If a patient meets eligibility criteria for MAID, but the assessor advises against MAID for ethical reasons (for example, the assessor does not believe MAID should be provided in response to lack of access to social determinants of health such as housing, financial aid, or timely medical care), should it be mandatory for the assessor to make an effective referral for MAID?

- ◯ Yes, strongly agree
- ◯ Yes, agree
- ◯ No, disagree
- ◯ No, strongly disagree
- ◯ I do not know

Free free to elaborate on your answer.

Question 12: Current guidelines do not differentiate between objections to MAID based on "conscience" and objections to the provision of MAID based on "professional clinical judgement" and medical standards of care. Suppose a patient has declined an available treatment that would be effective in treating their mental disorder and requests MAID, against a physician's clinical judgment. Do you agree or disagree that physicians should maintain their ability to determine whether referrals for MAID are, or are not, clinically appropriate?

- ◯ Yes, strongly agree
- ◯ Yes, agree
- ◯ No, disagree
- ◯ No, strongly disagree
- ◯ I do not know

Free free to elaborate on your answer.

Question 13: Do you agree or disagree with the HCMPS guidelines that obligates healthcare professionals to initiate, unsolicited, the discussion with patients of their potential eligibility for MAID if it was determined to be "consistent with the person's values and goals of care"?

- ◯ Yes, strongly agree
- ◯ Yes, agree
- ◯ No, disagree
- ◯ No, strongly disagree
- ◯ I do not know

Free free to elaborate on your answer.

HCMPS section 6.0 states:

6.0 Duties to Persons Potentially Eligible for MAID
6.1 [Physicians/Nurse Practitioners] must take reasonable steps to ensure persons are informed of the full range of treatment options available to relieve suffering.
6.2 [Physicians/Nurse Practitioners] must not assume all persons potentially eligible for MAID are aware that MAID is legal and available in Canada.
6.3 Upon forming reasonable grounds to believe that a person may be eligible for MAID, a [physician/nurse practitioner] must determine whether MAID is consistent with the person's values and goals of care and:

6.3.1 if consistent,

(a) advise the person of the potential for MAID; or
(b) provide an effective [referral/transfer of care] to another physician, nurse practitioner, or program known to be willing to discuss eligibility for MAID;

6.3.2 if not consistent, do not advise the person of the potential for MAID;
6.3.3 whether consistent or not, document what action was taken and the rationale for it.

6.4 [Physicians/Nurse Practitioners] must respond to all reasonable questions from persons regarding MAID or make an effective [referral/transfer of care] to another [physician/nurse practitioner] or program known to be willing to discuss eligibility for MAID.
6.5 When advising persons on their potential eligibility for MAID, [physicians/nurse practitioners] must take reasonable steps to ensure the person does not perceive coercion, inducement, or pressure to pursue or not pursue MAID. Advising persons of potential eligibility for MAID is distinct from counselling persons to consider MAID.

The Advice to the profession document presents a dilemma:

"a person fulfills the eligibility criteria for MAID but the means that could relieve suffering are not available due to systemic barriers. On the one hand, providing MAID might lead the practitioner to believe they are complicit with societal failures. On the other, not providing MAID to a person who wishes to access it and fulfills the eligibility criteria might lead the practitioner to believe they are forcing the requester to live in a state of intolerable suffering." (Sec 13b, p12)

Question 14: Suppose a person's underlying mental disorder has led to circumstances that are indirect contributors to a person's "intolerable suffering". E.g. an individual with unremitting negative symptoms of schizophrenia is unable to maintain stable employment which has led to years of living with unstable housing and food insecurity. The stress from this person's social situation (e.g. lack of housing and food) has led to a subjective state of "intolerable suffering." Social supports for housing would take years to access and this wait is deemed unacceptable to the person. They decide to apply for MAID. Should this person's situation meet the Federal legislations' "intolerable suffering" criteria for MAID eligibility?

- ◯ Yes, strongly agree
- ◯ Yes, agree
- ◯ No, disagree
- ◯ No, strongly disagree
- ◯ I do not know

Free free to elaborate on your answer.

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Question 15: Do you agree or disagree that current legislation adequately protects the safety of patients with mental disorders who seek MAID but whose request is primarily driven by the context of social determinants of health (e.g. poverty, incarceration).

- ◯ Yes, strongly agree
- ◯ Yes, agree
- ◯ No, disagree
- ◯ No, strongly disagree
- ◯ I do not know

Free free to elaborate on your answer.

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Question 16: Do you agree or disagree that current legislation provides sufficient guidance to the profession to implement MAID for mental disorders as the sole underlying medical condition?

- ◯ Yes, strongly agree
- ◯ Yes, agree
- ◯ No, disagree
- ◯ No, strongly disagree
- ◯ I do not know

Free free to elaborate on your answer.

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Question 17: Do you agree or disagree that current legislation provides sufficient safeguards to protect vulnerable and marginalized patients with mental disorders from inappropriate applications of MAID?

- ◯ Yes, strongly agree
- ◯ Yes, agree
- ◯ No, disagree
- ◯ No, strongly disagree
- ◯ I do not know

Free free to elaborate on your answer.

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Question 18: Do you agree or disagree that the Canadian medical system is prepared to safely support the expansion of MAID for MD-SUMC by March 17, 2024?

- ◯ Yes, strongly agree
- ◯ Yes, agree
- ◯ No, disagree
- ◯ No, strongly disagree
- ◯ I do not know

Free free to elaborate on your answer.

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Question 19: To what level of involvement would you be willing to participate in the MAID process for patients where a mental disorder is the sole underlying medical condition (MD-SUMC)?

- ◯ I would be willing to assess for and provide MAID for MD-SUMC
- ◯ I would be willing to assess for but not provide MAID for MD-SUMC
- ◯ I would not be willing to assess for nor provide MAID for MD-SUMC
- ◯ I would only be willing to provide a psychiatric expert consultation to a MAID practitioner
- ◯ I would only be willing to provide a MAID consultation for a patient in my own practice.
- ◯ I don't know